

bulletin

THE OFFICIAL MAGAZINE OF THE ROYAL COLLEGE
OF SPEECH & LANGUAGE THERAPISTS

September 2012 | www.rcslt.org

┌
A 'Professionalism
Charter' for AHPs?

┌
Making sense
of duty of care

┌
SLTs shine in
their Olympic
moment



SLTs as expert witnesses: Debunking the myths
around a stimulating and highly-rewarding career

Are your patients finding effective medicines hard to swallow?



Swallowing difficulties can affect 70 to 90% of older people.¹ So, many of your patients over the age of 60 may be having trouble swallowing tablets and capsules.² It may not have crossed your mind to ask them, and they probably won't tell you! So what could be happening to the medication you prescribed?

Some may not be taking it at all, meaning repeat visits to you or even worse, potential hospitalisation.³ In fact 30% of emergency admissions amongst older people are related to medication (including non-compliance and omission of drugs) and more than 50% of these are preventable.⁴

Others may try to comply by crushing tablets or opening capsules, unknowingly changing the pharmacokinetics. This might render the medicine inactive, or as in the case of sustained releases tablets, deliver the whole dose at once risking a potential increase in Adverse Drug Reactions.^{5,6}

There is a simple solution. Guidelines recommend that you should ask your patients if they can swallow medicines. If they can't, you could consider prescribing an alternative formulation, like an oral liquid.⁷

For more information on this topic visit www.rosemontpharma.com

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References: 1. Kelly J, Wright D & Wood J. Medicine administration errors in patients with dysphagia in secondary care: a multi-centre observational study. *Journal of Advanced Nursing* 2011; **67**(12): 2615-2627. 2. Strachan I & Greener M. Medication-related swallowing difficulties may be more common than we realise. *Pharmacy in Practice* 2005; **15**: 411-14. 3. Greener M, *JME* 2006; **9**: 27-44. 4. Chan M,

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Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard Adverse events should also be reported to Rosemont Pharmaceuticals Ltd on 0113 244 1400.

Steven Harulow



bulletin

EDITORIAL

It's the taking part that counts

If, like me, you are pining for mass participation events to take part in, in the wake of the Olympics and Paralympics you might like to know that there are still a few places available for the RCSLT Conference in Manchester on 11-12 September. Watch RCSLT Research and Development Councillor Victoria Joffe's YouTube video (<http://tinyurl.com/9c8nr4m>), where she explains why you should attend.

There are just a few days to go now before the close of this year's Giving Voice Awards. You have until 13 September to send in a short video if you would like to nominate yourself or your team for an award. You can also nominate someone for their contribution to the Giving Voice campaign. Visit:

www.givingvoiceuk.org for more information.

Please note: in last month's Bulletin (page 23) we invited members to attend this year's RCSLT annual general meeting on 11 September. However, we inadvertently said that the meeting was on a Monday. I would just like to confirm that the AGM will take place on Tuesday 11 September at 16.45 and apologise for any confusion we may have caused. You still have time to express your interest in attending or to send us your proxy vote. Visit: www.rcslt.org/about/howwearerun/council for details.

Steven Harulow
Bulletin editor
bulletin@rcslt.org

"Just a few days to go now before the close of this year's Giving Voice Award nominations"



CONTACTS

ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS
2 White Hart Yard, London SE1 1NX
Tel: 020 7378 1200
Email: bulletin@rcslt.org
Website: www.rcslt.org
ISSN: 1466-173X



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Kyle Smart

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PUBLISHERS
Redactive Publishing Ltd
17 Britton Street, London EC1M 5TP
020 7880 6200 www.redactive.co.uk

EDITORIAL
Editor: Steven Harulow **Deputy editor:** Susan Fairbrother **Contributing editors:**

Digna Bankovska, Sharon Christopher, Sarah Smithers

Art editor: Carrie Bremner
Art director: Mark Parry
Senior picture editor: Claire Echavarry

ADVERTISING
Sales manager: Steve Grice
Tel: 020 7880 6220
Email: steve.grice@redactive.co.uk
Recruitment Sales: Giorgio Romano
Tel: 0207 880 7556
Email: giorgio.romano@redactive.co.uk
Display Sales: Ben Nelmes
Tel: 0207 880 6244
Email: ben.nelmes@redactive.co.uk

PUBLISHER
Janis Grant

PRODUCTION
Kieran Tobin

PRINTING
Pensord Press Ltd

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Your VIEW

Bulletin thrives on your letters and emails. Write to the editor, RCSLT, 2 White Hart Yard, London SE1 1NX email: bulletin@rcslt.org Please include your postal address and telephone number. Letters may be edited for publication (250 words maximum)



Encouraging collaboration

In the midst of the current drive towards improved joint and collaborative working, I was excited to see timetabled in our summer teaching a shared study session with the trainee educational psychologists at University College London. The session focused on examining the similarities and differences between the two professions and encouraged us to examine the extent and limits of the overlap between the two fields.

This insight was enlightening to the students, but the overriding feeling from the group was of the immense benefit there was to be had from simply meeting face-to-face with what would potentially be another member of the multidisciplinary team. Many felt that, even after an hour of sharing information on each others' roles, they would be able to liaise more effectively with the other professional because they felt better informed and more confident about contacting someone they had met in person.

This brief session instilled in each student such a positive sense of team working, that it strikes me that such joint study practice should be rolled out in all higher education institutions offering health professional training in order to plant the seed of best practice collaborative working early on in training.

Sam Cooper, SLT student
University College London



Remembering Heather

I am writing this almost exactly a year after our dear friend and colleague Heather Fry passed away on 31 August 2011. She had battled breast cancer in a dignified fight, which we all thought she'd won. But then out of the blue, she didn't feel herself and before we knew it, she'd gone – a secondary brain tumour had taken her from us.

Heather joined the Peterborough team in 2001 and soon made her mark as an inspiring and supportive

therapist. She was dedicated and passionate and thought tirelessly about the children she worked with. Indeed, threading through everything she did was her love of children.

In recent years, she fulfilled a unique role bridging the gap between the local authority early years and children's centre team and the speech and language therapy team. She made multidisciplinary working a blossoming, exciting reality.

Heather was a woman of intelligence, integrity and humour who always went the extra mile and was quick to praise. Outside of work, she was dedicated to supporting the youngsters in her community, both through her church and as a local school governor. Her love of the outdoors and wild flowers have made these summer months a real time to remember Heather and to raise a smile to a story about her, a joke she told or some other small reminder of how she touched our lives.

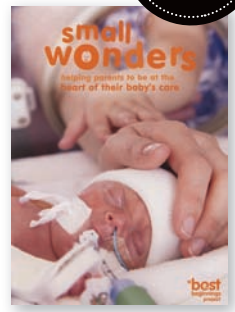
We would like to express our continued deepest sympathy to her family, especially her husband Nigel and lovely boys, Joe and Josh. Donations in Heather's memory can be made to Sparx, a local youth project that she was involved with. (Sparx Project, Ref: HJF, Sort code 20-67-37, account no. 30231479).

The Peterborough Paediatric SLT, Early Years Foundation Stage and Children's Centre teams

The RCSLT prize draw



Bulletin readers can win a copy of the DVD 'Small Wonders: helping parents to be at the heart of their baby's care'.



Email your name, address and membership number to prizedraw@rcslt.org and put 'September draw' in the subject line. **Entries close 14 September.**

Only one entry per person.
July's winner was Jo Levett from Cranbrook in Kent.

RCSLT Web Poll
Have your say...



Do you undertake speech and language therapy research activities?

40% say yes



VISIT: WWW.RCSLT.ORG

FOLLOW THE RCSLT ON **facebook** AND **twitter**

VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS





The 2011 Young Person of the Year Jack Marshall with awards host Vanessa Feltz

Shine a Light 2012

The Communication Trust (TCT) has launched the 2012 'Shine a Light' awards and is looking for teams, settings and individuals across the UK that exemplify best practice and excellence around supporting children and young people's communication.

According to TCT, the awards are becoming a flagship event in the speech and language calendar, thanks to the success of last year's presentations run as part of the Hello campaign. The TCT received more than 300 applications, with 12 winners and 23 highly-commended finalists.

This year, TCT has refreshed the award categories to give a broader range of organisations and individuals the chance to showcase their work. Brand new for 2012 are the 'Innovation', 'Youth Justice' and 'Communication Champion' awards.

The deadline for applications is 21 September. The winners will celebrate at the Shine a Light 2012 awards ceremony in London on 21 November.

📍 **Visit: www.shinealightawards.co.uk for further information and application details**

Have Churchill Fellowship, will travel

Chesham Senior SLT Claire Bolton, director of Apex Ability Limited, has returned from a seven-week Winston Churchill Travelling Fellowship across North America. Claire used the experience to study the use of music and singing within speech and language therapy and music therapy to improve clients' communication skills.

During her staged journey from Vancouver to New York Claire visited leading hospitals, rehabilitation centres, clinics and long-term care facilities. She also observed practice at the Laurier Centre for Music Therapy Research at Wilfrid Laurier University and attended the Canadian Association for Music Therapy's annual conference. These organisations are using music to address communication goals for people affected by brain injuries, dementia, neurological conditions and autism.

Claire said, "The Winston Churchill Travelling Fellowship has been a life-changing opportunity. I've returned with endless practical ideas,



IMAGE Shutterstock

particularly around the use of melodic intonation therapy, as well as basic percussion skills, which support pre-communication and non-verbal skills."

Claire has begun to contact London-based music therapists to determine how they can work together, through joint sessions or by referring between the two professions.

📍 **Applications for travel in 2013 are open until 2 October 2012.**

📍 **For more information, visit: www.wcmt.org.uk**

Study to examine tracheostomy care

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – an independent organisation which uses researchers, relevant clinical experts and advisers to look at the quality of care – is undertaking a study to explore the hospital care received by patients who are tracheostomised and have any subsequent complications.

Sarah Wallace is representing the RCSLT on the project steering group, which involves assisting with the development of the methodology and questionnaire design, and



IMAGE SciencePhotoLibrary

making recommendations from the findings. The steering group includes representatives from anaesthetics, intensivists, nursing, physiotherapy, ENT and others.

All hospitals can participate in providing patient data for the study and previous NCEPOD projects have resulted in a better than 80% return rate. Data collection

is due to commence in early 2013 and a final report with recommendations is scheduled for April 2014.

Sarah is keen to represent the views of the profession. She is liaising with the Tracheostomy Specific Interest Group membership and will continue to do so as the project progresses.

📍 **Further details are available on the NCEPOD website: www.ncepod.org.uk. Email: sarah.wallace@uhsm.nhs.uk for more information or to contribute your views**

The 2012 Giving Voice awards

Time is running out: send in your award nominations today

There's still time to shout about the great campaign work you are doing and to put your colleagues, service users and campaign supporters forward for Giving Voice recognition in 2012.

There are 14 Giving Voice award categories (see panel) and you can nominate yourself and your campaign team or recommend others for their outstanding campaigning efforts.

We are encouraging speech and language therapy teams to nominate themselves by making a video to show their campaign activity. The judges recommend

you record your video 'on location' and keep it short – no more than three minutes in length.

For more details and to see an example video, visit: www.givingvoiceuk.org. We will invite the award winners to a lunchtime ceremony on 27 November at Church House in central London.

📍 **For more details visit:** www.givingvoiceuk.org
📍 **The deadline for applications and nominations is 13 September 2012**

The Giving Voice Award categories

Nominate yourself or your team for the following:

- 1 Giving Voice Team Award: England
- 2 Giving Voice Team Award: Scotland
- 3 Giving Voice Team Award: Wales
- 4 Giving Voice Team Award: Northern Ireland
- 5 Giving Voice Student/Newly-qualified Practitioner Team Award: UK-wide (individuals can also apply)

Recognise the campaign work of others by nominating them for the:

- 6 Politician of the year
- 7 Social media campaigner of the year
- 8 Journalist of the year
- 9 Partner organisation – for joint work at a national level
- 10 Partner organisation – for joint work at a local level
- 11 Celebrity ambassador
- 12 Service user champion
- 13 Outstanding contribution to speech and language therapy from within the profession
- 14 Outstanding contribution to speech and language therapy from outside the profession

'Child Talk - What Works': survey

Do you have experience of working with preschool children? Do you want to make a difference to practice? The Bristol Speech and Language Therapy Research Unit needs your help with its research programme, 'Child Talk - What Works'. Take part in the short online survey and tell the team about your current practice. The closing date for responses is 22 September 2012.

📍 **Visit:** www.speech-therapy.org.uk/child-talk-survey

QIPP needs your innovative examples

Your organisation could become a beacon of best practice for others to follow. The Quality, Innovation, Productivity and Prevention (QIPP) Evidence Collection is looking for quality-assured, real-life examples of how things can be done differently in health and social care, while still providing optimal standards of care. This includes evidence-based examples that have been shown to improve quality and save money. If you have examples that have been shown to or have the potential to work, NHS Evidence wants to hear from you. If you have already submitted a case study, please consider whether you have any new examples to provide.

📍 **Visit:** www.evidence.nhs.uk/QIPP

Report explores professionalism in Scotland

The Scottish Government has produced a report to explore professionalism in the nursing, midwifery and allied health professions in Scotland. Produced by a working group, including experts in the field of health and social care, and representatives from governments, professional bodies, regulators and lay members, the report draws on a wide range of sources, and takes account of patients' and carers' perspectives. It offers an overview of professionalism within modern healthcare settings, explores perceptions of what professionalism looks like, suggests ways of facilitating and developing professionalism within health service organisations, and provides options for its recognition and measurement.

📍 **Visit:** <http://tinyurl.com/cfkwgbe>

Multiple system atrophy survey

The Multiple System Atrophy Trust is conducting its first health and social care professionals' survey to explore awareness levels and understanding of multiple system atrophy (MSA), and the treatment and management of the disease. The MSA Trust supports health and social care professionals treating patients with MSA by providing information, a specialist nurse helpline and education and training sessions. The survey findings will provide a greater understanding of how the Trust should support professionals. The Trust hopes to gather responses from those who may or may not have encountered MSA before.

📍 **Visit:** <http://svy.mk/T2Vxlx>

IMAGE Gettyimages



Clare Parsons (holding the Olympic flame) took pride of place in the final torch relay in London's Oxford Street



SLTs played their part in the opening ceremony: Back row from left: Jane Dunton, Natasha Morrow, Sarah Harvey and Rachel Dobbin. Front row: Emma Page and Joy Merriman

SLTs shine in their Olympic moment

As you read your September Bulletin, East London is once again the focus of worldwide attention as it hosts the Paralympics. We have been delighted to hear how many of you took part in making the Olympic Games such a success – here are just two highlights.

On 26 July, on the eve of the opening ceremony, Hackney SLT Clare Parsons proudly bore

the Olympic torch down Oxford Street on a Routemaster bus. The Independent newspaper featured a full-page image of Clare as their front page on 27 July. Clare's manager, Sally Hewett, was one of many supporters who cheered Clare on. Sally says, "Clare's fan club did a spontaneous mad sprint down Oxford Street chasing the bus, risking serious voice difficulties

by screaming 'Clare' while dodging people."

If you were one of the estimated 27 million viewers who watched the opening ceremony on TV, you will no doubt remember Danny Boyle's tribute to the NHS. You may even have seen Jane Dunton, specialist SLT at Guy's and St Thomas', displaying her dancing skills. Jane was just one of several SLTs

who took part in the ceremony. Reflecting on her experience, Jane says, "It was a truly unique experience – from auditioning back in November, endlessly rehearsing the movement of 800 people and 350 hospital beds, to the final performance for more than a billion people worldwide – all the while reminding the organisers that it's not only nurses that work for the NHS."

Your duty of care: help is at hand



The continuing pressures in the health and social care system across the UK, including reforms to services, management structures and the effects of budget cuts,

have resulted in an increase in the number of enquiries and requests for support from RCSLT members – some of which I have dealt with personally.

Staff and trustees on Council discussed the need to provide support in the form of guidance and information, which members can use to help communicate and manage any concerns, particularly in relation to situations that they feel may compromise their duty of care.

This development has

come at a time when there is an increased awareness and consideration of the importance of the concepts of professionalism and the responsibilities professionals have with respect to this (see 'Have you had the conversation yet?' Bulletin, April 2012, pages 12-15).

These issues are complex in nature and because of this it is difficult to provide definitive scenarios that will cover every eventuality or circumstance. I strongly recommend that you read the article on pages 20-21 of this Bulletin and the online documents that this relates to. Together, these will help you consider how you can respond to your own local issues and where you can go

for further advice and support if required.

Please remember that throughout any change process it is important you keep open the lines of communication, so that you can discuss the implications of decisions made and be clear about the impact they will have patient/user outcomes. It is also important that you clarify who in your organisation will take responsibility for communicating the decisions made (and the rationale behind these decisions) to clients and their families and carers. ■

Kamini Gadlok MBE, RCSLT CEO
Email: kamini.gadlok@rcslt.org

Report recommends autism reforms

Every school should have a lead teacher for autism and every child and young person with autism (include those without statements) should have an action plan. These are two of the recommendations contained in the latest report from the All Party Parliamentary Group on Autism (APPGA), on reform of the special educational needs and disability (SEND) system in England.

The APPGA launched 'The right start: Reforming the system for children with autism' to MPs and peers on 11 July, aiming for its recommendations to be included in the forthcoming Children and Families Bill. This bill promises to make sweeping changes to the SEND system.

Welcoming the report, Children's Minister Sarah Teather MP said, "I am considering all aspects of the report and welcome the ongoing



APPGA Chair Robert Buckland MP with Children's Minister Sarah Teather MP at the report launch

contribution of the APPG for Autism, and of individuals, parents and organisations from the sector. We are very serious about getting the details of these changes right."

📍 **Visit:** <http://tinyurl.com/d57v827>

Speaking about aphasia

Speakability used this year's annual 'Speak about aphasia month' in June to encourage retail managers and staff to think about the way they communicate with customers who have aphasia and other language difficulties.

The charity has encouraged its members and supporters to distribute the campaign postcard (pictured) to large and small shops in their local area. The postcard offers hints and tips to staff on how to communicate more effectively with customers who have speech and language problems.

Speakability offers practical, empowering support and information to people with aphasia and their families, carers and the health professionals who work with them. It achieves this through a free helpline (080 8808 9572), website and online discussion forum, a range of low-cost publications, training resources and communication tools.

Speakability self-help group members who live with aphasia, have also helped the charity to develop a new pocket-sized booklet called 'Fast Talk', which features words and photographs to help people with aphasia to express themselves in their day-to-day lives.

📍 **For further information about publications, workshops and local aphasia self-help groups, visit:** www.speakability.org.uk



CIRCLE Collaboration links education and therapy

Speech and language therapist Rosslyn Stephenson is part of the first cohort from the Queen Margaret University (QMU), Edinburgh, postgraduate certificate (PG Cert) in collaborative working for teachers and therapists. Rosslyn is among the first therapists in the UK to graduate and will be the first SLT with this qualification.

The programme has been developed by the Child Inclusion: Research into Curriculum, Learning and Education (CIRCLE)

Collaboration. The Collaboration is a practice/academic research team of teachers, therapists and academics from the QMU, NHS Lothian and the City of Edinburgh Council. The main aim of the CIRCLE Collaboration is to support effective collaboration between school staff and therapists, and break down barriers to learning and participation for all children and young people.

The PG Cert in collaborative working has been designed for education and therapy staff. It provides students with a

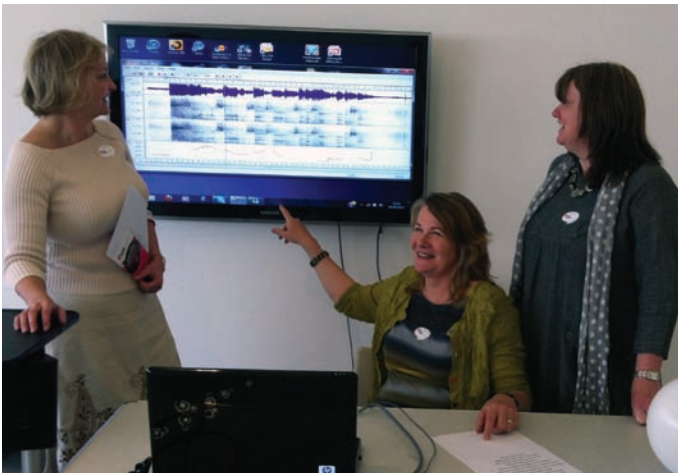
working knowledge of relevant legislation, the evidence base underpinning educational and therapy strategies, and also the evidence for how to deliver this input effectively through collaborative working.

The course is the first of its kind to focus on collaborative working between health and education, and can be completed part time. It brings together a range of staff from education (subject teachers, specialist teachers, school management, psychologists and learning assistants)

and therapy (occupational therapists, physiotherapists, and SLTs) to learn together. This mix of professionals learning together allows them to share their differing perspectives around inclusion and their practice, which enhances the learning experience. Course graduates report that it has equipped them with the knowledge and skills to improve their practice, ultimately impacting on the inclusion and participation of children.

.....
Dr Donald Maciver, Programme Leader, QMU

📍 **For information about the January 2013 start, visit:** www.qmu.ac.uk



From left: Sarah, Hilary and Sue use University College Hospitals' WASP programme to display and analyse the spoken voice

The art of Giving Voice

A collaborative art workshop at London's Hayward Gallery on 27-28 June saw three SLTs join with other health professionals in a series of 'health check-ups' to determine the state of participants' basic senses, and communication and perceptual skills.

Sarah Evans (Middlesex Independent SLT), Hilary Gardner (chair of the Association of SLTs in Independent Practice) and

Sue Ward (section leader, Leeds Community Healthcare NHS Trust) worked with Portuguese artist Joao Onofre on an innovative two-day artwork called 'Recruitment Plan'. Together, they explored communication and perceptual skills while in the gallery, in preparation for an offsite practical session, where participants attempted to trace the path of an ancient London river through the ancient art of water divination.

According to Hilary, "We used this unusual and exciting opportunity to raise the profile of the profession and the Giving Voice campaign as well as further inform the relationship between art and science."

NEWS
IN BRIEF

Tavistock Centre: The Duchess of Bedford officially re-named Newcastle University's Aphasia Centre as the Tavistock Aphasia Centre (North East) on 22 May. Located in the Speech and Language Sciences Department at Newcastle University, the centre enables staff to undertake research into aphasia and provides a clinical training facility for students.
Visit: <http://research.ncl.ac.uk/aphasia>

Minor grants: Apply for the latest round of RCSLT Minor Grants before 21 September. Grants of up to £500 can assist SLTs in their continuing professional development. Use the money to present at or attend conferences, undertake specialised training or conduct research into speech and language therapy.
Visit: <http://tinyurl.com/7qfeaq>

Videofluoroscopy book plugs a gap in library

On 22 June, University of Salford Vice Chancellor Professor Martin Hall launched a new book edited by SLT Roger Newman (Lancashire Teaching Hospitals NHS Trust and University of Manchester) and radiographer Julie Nightingale (University of Salford).

'Videofluoroscopy – A multidisciplinary team approach' is the first book of its kind in almost 20 years and highlights a significant gap in the library. With contributions from internationally-renowned experts, it brings many aspects of practice together and, with a special emphasis on the multidisciplinary team, it explores in detail the radiographic aspects of the swallowing procedure together with image interpretation. Two key features that have been

explored in more depth than in existing texts include the underpinning radiation science and the management of risk.

The book highlights some of the disorders and pathologies leading to dysphagia and is accompanied by a DVD, on which the normal and abnormal biomechanics of swallowing are shown in great detail. In this DVD a full radiological narrative accompanies the X-ray image sequences to assist the reader with image interpretation. The book and associated DVD will have value to the diverse professional group involved in the videofluoroscopic examination of swallowing.

Professor Peter Hogg,
Diagnostic Imaging Research
Programme Leader, University
of Salford



Professor Martin Hall, Dr Julie Nightingale, and Roger Newman

ASHA SIGs: UK SLTs can join one of the American Speech-Language-Hearing Association's special interest groups and get access to the associated 'Perspectives' publication. Visit: www.asha.org/SIG. Dr Paula Leslie, a UK SLT now based at the University of Pittsburgh, can offer advice about the Mutual Recognition of Credentials Agreement (MRA).
Email: pleslie@pitt.edu

Fellowship programme: The Health Foundation is seeking talented clinically-qualified leaders to join its Quality Improvement Fellowship programme. Up to five senior leaders will have the opportunity to spend a fully-funded year at the Institute for Healthcare Improvement in America. Applications close at midday on 9 October.
Visit: www.health.org.uk/qif



Willie (left) and Carolyn

Willie and Carolyn are clinicians of distinction

The International Fluency Association (IFA) honoured SLTs Willie Botterill (Michael Palin Centre) and Carolyn Cheasman (City Lit) with ‘Clinician of Distinction’ awards at the 7th IFA World Congress in Tours, France, on 7-12 July.

Receiving their awards from Montreal Fluency Centre Executive Director Rosalee Shenker, Willie and Carolyn talked about the important role of key mentors in their professional lives. Willie paid tribute to Lena Rustin, whose indomitable spirit was

responsible for putting stammering on the map in the UK and setting up the Michael Palin Centre for Stammering Children. Carolyn acknowledged Renee Byrne, another highly influential and respected UK fluency specialist, and spoke about the important role that Renee had played in her life.

Actor Colin Firth and playwright David Seidler received the ‘Contributor’ award for their part in the film ‘The King’s Speech’, which has done so much to raise awareness of stammering.

Communication Trust welcomes new director

The Communication Trust (TCT) has appointed Anne Fox as its new director. Anne (pictured), previously worked as head of corporate communications at UK parenting charity NCT and will lead the TCT through its next strategic period.

Anne says: “I am delighted to join The Communication Trust at this exciting and challenging time. Moving forwards, the Trust will work to ensure children’s communication is a burning issue. We will do this by sharing what works for all children and those with speech, language and communication needs, to the widest possible audience.

“Our challenge now is to



build on the success of the ‘Hello’ campaign and to leave no stone unturned as we make the clear link between communication skills and life chances.”

Welcome to ‘Team GV’



Ele Buckley – the lynchpin of the Giving Voice campaign. Ele will be working part time for us in future, but with new part-time posts in London and Edinburgh we will have a ‘Team GV’ taking the campaign forward. And I’m reminded – as we run Giving Voice champions training sessions around the country, award grants to support campaign events and start to receive nominations for this

There is a column in Private Eye magazine lampooning those who shoehorn Olympic references into adverts for car waxing or Venetian blinds. It isn’t company I wish to keep, but the Bulletin editor has charged me with getting the Olympics into my column, so here goes.

Many of you will have met

year’s Giving Voice awards – of just how much everyone in the profession has embraced the campaign. I will spare you further strained Olympic metaphors – you can do them for yourselves.

That the campaign continues to be needed isn’t in doubt. Every day, members are in touch with news of proposals to downband posts and ration services, while the place of allied health professionals in the new NHS structures in England is precarious at best. We are planning the next phase of our work on cuts and

reforms, while preparing for legislative change on special education and adult care.

At the same time we are thinking about the RCSLT’s campaigning in the longer term. In the political world, thoughts are already turning to the next national elections in 2015 and 2016, while the political news reminds us that we need to be prepared earlier than that should the need arise.

Several of you have risked the wrath of the International Olympic Committee to run Olympic-themed campaigns this summer. As Ele is fond of reminding us, the campaign for speech and language therapy is a marathon and not a sprint. ■

“The campaign for speech and language therapy is a marathon and not a sprint”

Derek Munn, RCSLT Director of Policy and Public Affairs,
Email: derek.munn@rslt.org



**Carrie
Biddle**

Opinion

Carrie Biddle on the need to maintain competent, safe and best practice

Beyond the 'final sign off'



ILLUSTRATION **Trina Dalziel**

An adult SLT service lead recently contacted me with questions around the use of competency frameworks to support therapists working with patients with a tracheostomy in the acute setting. In the same week, the June Bulletin arrived and with it the accompanying *International Journal of Language and Communication Disorders*, which included a research report on the same topic (Ward et al, 2012).

The results from Ward et al's research supported the use of

structured competency training programmes (CTPs) for new knowledge and skill acquisition. They reported that SLTs in workplaces with CTP were found to have received significantly more expert support, on-the-job training, and access to evidence-based practice. Yet, there was no clear indication regarding the maintenance of skills in the longer term.

As with many other adult speech and language therapy acute services, we do not have a designated critical care SLT post and the remit for patients with a

tracheostomy falls to the general adult speech and language therapy service. Referral rates can vary considerably. On the whole, we only receive referrals when the care team based on the ward has run into difficulties and/or there are particularly complex patients. This can make it difficult to maintain skill use in practice over time.

How many times a year should an SLT see a patient with a tracheostomy in order to confidently maintain their skill competency? I acknowledge this is a difficult question to answer and the ability to obtain a precise figure may be unrealistic. However, I think it would be beneficial to establish reasonable guidelines based on the available evidence and consensus of professional opinion.

In order to maintain fitness to practise the Health and Care Professions Council places personal responsibility on all allied health professionals to assess and review their own fitness to practise based upon the principle of 'professional self-regulation'. Health professionals are, "expected to stay within the scope of practice and make reasonable efforts to stay up to date" (p10).

I posed my question regarding competency maintenance to Amanda Thompson, our Trust's learning and development educator (professional and clinical practice). She acknowledged that maintaining skills not used regularly is a challenge, and an issue that needs to be addressed. The first step is to ensure that the theory and practice procedures remain current and evidence-based, and that we try and find ways to close the 'theory-practice gap'.

Within our adult speech and language therapy team, and with support from the Learning and Development Service, we are reviewing how we can do this with consideration given towards introducing an annual

'refresher' sign-off incorporating a supervised peer observation session and continuing professional development activities to review current evidence-based practice.

This has relevance not only to SLT practice when staff are not able to routinely use their skills - for example, lack of routine use with patients with a tracheostomy, changes in job role, and long-term work absence due to sickness/maternity leave - but also to the competencies of other healthcare professionals we are directly involved with, such as nurses undertaking dysphagia swallow assessment competencies.

We need to look beyond the 'final sign off' to ensure competent, safe and best practice is maintained, and that the processes/guidelines regarding the need to maintain competencies and 'refresh' skills where necessary are clearly defined within CTP from the outset.

As CTPs are being embraced locally to support skill acquisition, I feel it is imperative we ensure careful consideration is given to the ability to demonstrate knowledge advances and skill maintenance in the longer term, so that practice remains evidence-based and does not become dated. ■

Carrie Biddle, Adult SLT Team Leader, Macmillan SLT, Royal Cornwall Hospital Trust Therapy Department RCH. Email: carrie.biddle@rcht.cornwall.nhs.uk



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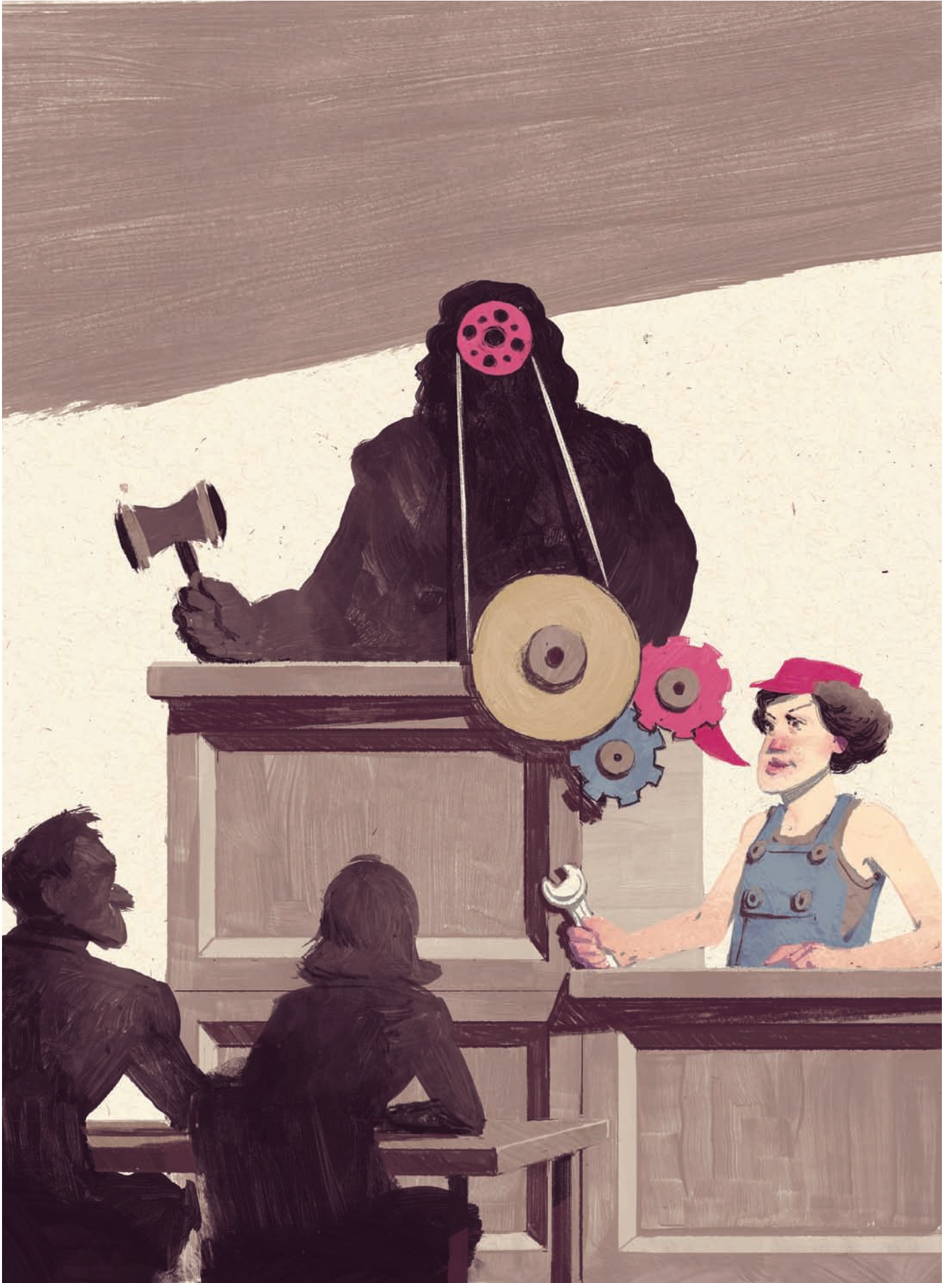


ILLUSTRATION Kyle Smart

Debunking the myths around expert witnesses

Mark Solon says good, well-trained experts are in demand and enjoy a stimulating and highly-rewarding career

The expert witness is a well-known legal role, but undoubtedly one of the least well understood. It brings with it immediate connotations of a sterile courtroom, glowering judge and fierce cross examination by a Rumpole of the Bailey-style barrister. Unsurprisingly, many health and social care professionals are put off expert witness work before they have even started, but these impressions are largely unfounded.

Expert witnesses, simply defined, have specialist knowledge over and above a lay person and help the court understand issues outside of its expertise and come to the right decision.

When a party claims compensation – for example, for brain injury acquired during a car accident – the claimant’s solicitor will ask an expert to prepare a report assessing the impact of the injury on the claimant’s quality of life, the amount of therapy

needed, and their chances of earning a living. The expert report will be a significant factor in deciding how much money can be claimed from the party held responsible for the injury (the defendant).

An expert has an absolute duty to write an honest and unbiased report, and their duty is to the court, not the person instructing them. However, this does not stop parties from seeking out an expert who supports their views. The defendant – often an insurance company in the case of a car crash – may also want to instruct their own expert, and will look for an expert who supports their case that the defendant is not responsible or that damages should be less than claimed.

SLTs as expert witnesses

Speech and language therapist Lianne Lowe has been working as an expert witness for 15 years and specialises in acquired brain injury. Lianne has never been to court, but says, “Most people think they will end up in court being cross examined. I’ve been summoned to court but the majority of cases settle at the eleventh hour.”

In recent years the courts have made a concerted effort to rein in legal costs and it is becoming more common for a single joint expert to be appointed – instructed by both parties and producing one report on the basis of their findings. Where a joint single expert is used a report is far less likely to be disputed, and therefore even less likely to go to court.

Cheryl Snell is an SLT who specialises in acquired brain injury in children and adults. Cheryl has been working as an expert witness for 17 years. She began her expert work while working for a rehabilitation centre in Bury, Lancashire, where she was approached by solicitors to write reports for compensation. Cheryl says, “More recently I’ve been instructed as a joint expert – in those cases it would be highly unlikely that you would be cross examined because you make your joint report and both sides have the opportunity to connect.”

One of Cheryl’s tips is to write a well-thought out report with clear recommendations that cannot be contested. She points out the need to avoid or explain jargon. “The biggest thing to remember when you are writing the report is that solicitors and the judge are not familiar with speech and language therapy, and so you must explain in clear terms what the client’s difficulties are and if you do use jargon, explain what it means. The report must be useful and accessible.”

Essential training

Experts must also stick to their instructions – it is no use putting time and effort into a report that answers a different question to the one being asked by the solicitor.

While it is expensive to go to court and most of the time parties settle before doing so, it is important to remember when writing the report that it is a serious piece of evidence that you may be tested on in court. Lianne adds, “One of the tricks of preparing an expert report is to imagine the judge in front of you.”

Expert witnesses do not need to possess any particular skills for report writing; however, Cheryl says they do need experience in report writing and to undertake expert witness training. “If people are going into expert work they really need to do some training because the legal process is so complex and therapists are not used to being part of that process.”

If a case does go to court it is also essential that expert witnesses are trained in how to deliver their evidence honestly and fully. A few simple techniques can take much of >>

the fear factor out of delivering evidence in court and even being cross-examined.

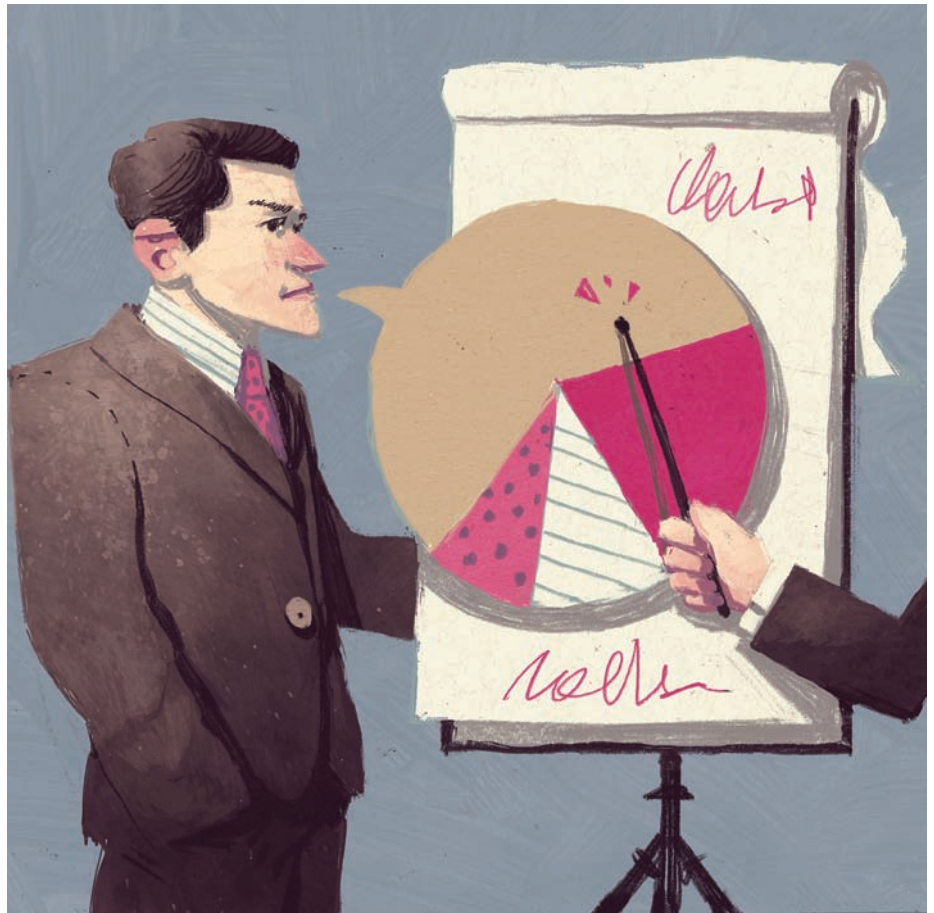
Dr Hilary Gardner is a specialist in child and adolescent speech and language and has completed Bond Solon's Cardiff University accredited expert witness qualification. She says, "It was great to do because you met so many other professions apart from our own and was useful across the board, whether you are writing reports for educational tribunals or for family or civil court cases.

"The report writing, for instance, is as valuable in your day-to-day work as it is if you consciously want to become an expert witness. Every service or charity should have someone trained to write up to legal standard and oversee what is written by others in their team so that professional standards are met."

A complementary role

It is rare that an SLT will be a full-time expert witness. In fact, it is important for therapists to remain in practice and stay up to date with the latest knowledge and best practices. However, medico-legal work is a sideline that complements therapy extremely well. The discipline and clear thinking required of expert report writing can be beneficial.

According to Cheryl, "When you are



“Most people think they will end up in court being cross examined, but the majority of cases settle at the eleventh hour.”

Funding for expert witnesses

■ Until recently, claimants have typically brought a personal injury claim on a 'no-win-no-fee' basis, meaning their solicitor does not charge them but recovers their costs and a 'success fee' from the defendant. However, changes to the law mean solicitors are not allowed to recover a success fee, and it is still unclear how this will impact on the number of cases being taken on by solicitors.

■ For people on a low income, legal aid is available in some cases, although not usually for personal injury. In cases that are legally aided, expert fees are set by the Legal Services Commission at a non-negotiable level. In all other cases, experts' fees are a matter of private agreement between the client and the therapist.

writing a report you have to make every effort to identify the key issues. It's a huge responsibility – you are responsible for recording all the needs of this person for the rest of their life and you have to think really carefully about it."

Cheryl has mostly welcomed that responsibility, although in one case involving an 18-month child involved in a car crash, she found there was little to support her assertion that the child was suffering the effects of acquired brain injury. Because the child was so early in her development of speech, it was difficult to contest that the injury caused the subsequent speech and language difficulties as they were very similar to a developmental speech and language disorder. She warns other therapists to think carefully before taking on cases where there is a query over

'causation', but observes, "I did find it stressful because I wanted the best outcome for the child but if we all avoid causation cases will people get the help they need?"

Much like any other line of work, expert witness work needs to be done properly or not at all. The courts are currently cracking down on using experts who are not qualified for the job and the pool of work available to experts is shrinking. However, good, well-trained experts are always in demand and enjoy a stimulating and highly-rewarding career. ■

Mark Solon, Managing Director Bond Solon.
Visit: www.bondsolon.com

Note:
Bond Solon will run legal training for SLTs in Spring 2013. For information, email: jedgill@bondsolon.com

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2011-2012 ANNUAL GENERAL MEETING NOTICE

The annual general meeting of the Royal College of Speech and Language Therapists will take place on **Tuesday 11 September 2012 (16.45 – 17.45)**, at the **Midland Hotel, Peter Street, Manchester, M60 2DS**.

All members are welcome to attend the AGM.

Download the AGM agenda, minutes of the 2011 meeting, booking form and proxy voting form from: www.rcslt.org

Please note: In the August Bulletin, the AGM was previously incorrectly advertised as taking place on Monday

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Giving Voice meets the Olympics: a powerful campaigning combination

London relays the Giving Voice message

When Guy's and St Thomas' NHS Foundation Trust set staff the '2012 challenge', Lisa Pitts and Jane Conway of the Specialist Community Children's Speech and Language Therapy Team spotted a Giving Voice opportunity immediately. The Trust invited teams to celebrate this year's spotlight on London by planning innovative events and activities highlighting their work.

The week before the official Olympic torch reached the stadium, Lisa and Jane

coordinated a team of 18 SLTs, children's centre and school staff to support young clients in their own torch relay. Passing messages in person, by email, phone call or text, the relay started at Paxton Green Health Centre and moved between primary schools, nurseries and clinics, ending with SLTs based at the Evelina Children's Hospital. The community team used the event to encourage young people to express their views on the Olympics using a variety of communication channels. They also collected some great feedback about their service along the way.

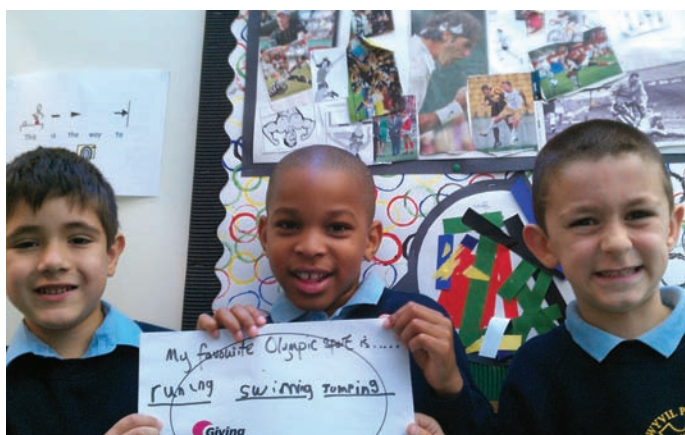


From top: Pupils from Turney Road Special School (Lambeth) proudly hold up the torch and messages using symbols, aided by SLT Amy Riddett

SLT Natasha Perera takes the torch on foot from the Aylesbury Health Centre **Mum (Mette) and daughter Lilian** pass the torch to Sam, while SLT Lisa Pitts gets ready to help Sam pass on his message

Lilian puts her best foot forward

Daniel celebrates the end of the relay at the Evelina Children's Hospital with SLT Sara Jones



Wyvil Primary School language Unit (Lambeth) pupils explain their favourite Olympic sports with the help of SLT Amit Kulkarni.

Informatics

Claire Moser and Maria Luscombe begin a series on the latest developments in health informatics

The power of information



ILLUSTRATION Duncan Beedie

The effective use of information, data, knowledge and technology plays an important part in making sure people stay healthy and get the best care. It supports individuals to make health choices, live healthy lives and self-manage long-term conditions. Critically, it can enable commissioners, providers and health and social care professionals to link the journey of care together so that they can better understand the effects, outputs and outcomes of the care provided.

Information strategy

In May 2012, the Department of Health published its 10-year information strategy for England.

“Every organisation is now required to have a board-level chief clinical information lead. Who is this in your organisation?”

This promises to make it easier for people to look at and share their own electronic health and care records and allow them to take control of decisions about their care.

The strategy aims to create

a shift in the cultures and behaviours associated with information. Clinical records and personal data will be seen as the property of the patient/client for their benefit, rather than property of a service. The independent Caldicott review is advising on how to achieve a balance between protecting an individual's privacy while encouraging appropriate sharing between health and social care professionals.

The strategy sets out requirements for common data standards that will allow information exchange. Health and social care professionals and organisations will need to ensure information is accessible to each patient/client and appropriate professionals, and that IT systems work together to enable the sharing of information.

Local engagement

Speech and language therapists will need to engage in local agendas to ensure local system developments reflect the needs of their clients. Infrastructure developments such as Choose and Book, electronic care records and summary care records will assist SLTs in providing better care. Every organisation is now required to have a board-level chief clinical information lead. Who is this in your organisation?

National portal

The strategy outlines a plan for a national online portal for a health and social care information centre. This will become the definitive source of trusted information on health and social care by 2013. The information centre will store all patient/client feedback. Individuals will use it to inform their decisions by comparing treatments, services, professionals and teams. Researchers will use the service to obtain data about the health of the population. Professionals will use it to compare their service with others and commissioners will be able to check the quality

of services and make value-for-money decisions. Speech and language therapy services will need to be visible on the online portal so that individuals will know what is available. Commissioners will also use the information portal to shape their decisions about which services to commission.

Using informatics

The information strategy has the potential to change clinical practice, improve quality and productivity across the system, and reduce the cost of health care. Many services and SLTs are already making use of informatics, but we need to do this better because we:

- Will have a duty to assist patients to access their online records.
- Are responsible for ensuring information is recorded according to national standards.
- Must be mindful of information security and only share records safely and appropriately.
- Will be able to see all of an individual's records, which will allow us to know more about their condition and associated problems.

Keep up to date by joining the AHP informatics NHS network (<http://tinyurl.com/8vf474c>) and read the AHP informatics DH Bulletin (<http://tinyurl.com/96cdc2r>). We need your support to share examples of good information practice. Email: claire.moser@rcslt.org to contribute. ■

Claire Moser, RCSLT Policy Officer; Maria Luscombe, Associate Clinical Director/Head of Paediatric Therapy services, North West London Hospitals Trust

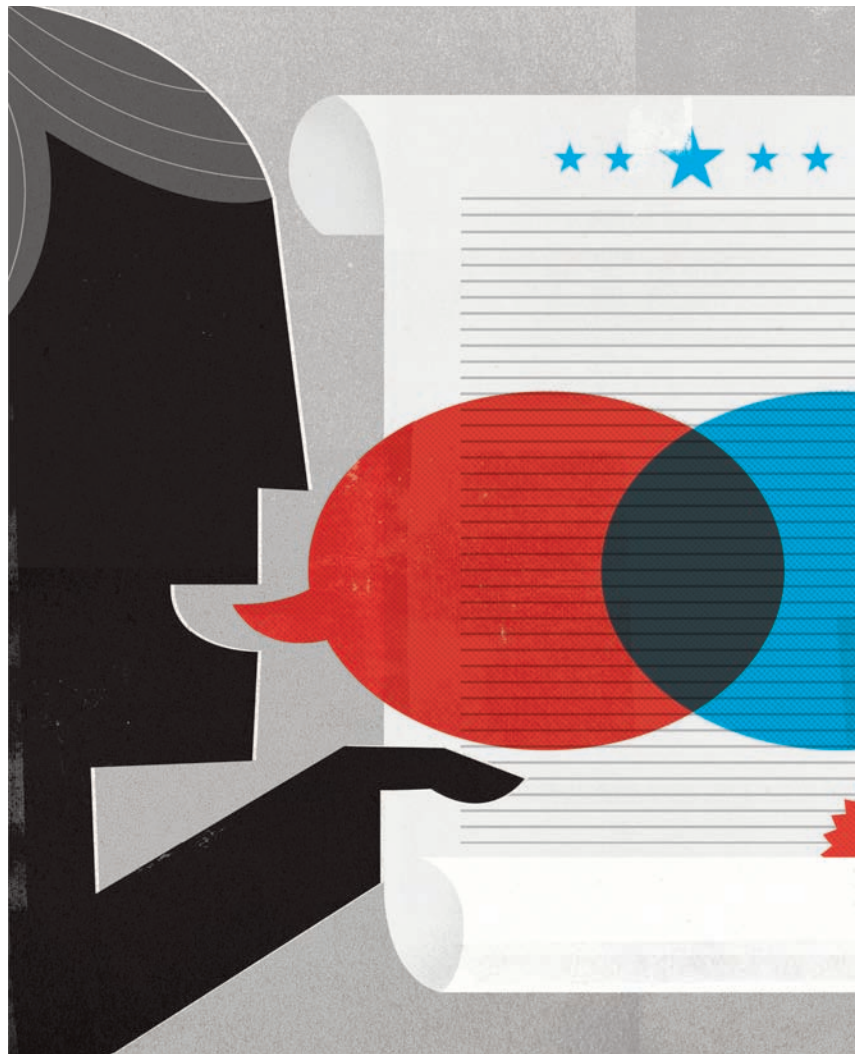


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The 10-year NHS Information Strategy: <http://informationstrategy.dh.gov.uk>
The Caldicott Review: <http://caldicott2.dh.gov.uk>

Having the conversation

Rosemarie Mason, Jennie Vitkovitch, Jill Jepson and Rod Lambert consider a 'Professionalism Charter' for allied health professionals



This article was prompted by Susan Fairbrother's interesting comments: 'Professionalism: have you had the conversation yet?' in the April Bulletin (Fairbrother, 2012). Professionalism is attracting a great deal of attention from across healthcare (Keeling and Templeman 2012; Collier 2012a), including the allied health professional bodies (COT/BAOT Briefings 2004; RCSLT 2010); the Health Professions Council (2012) and the Department of Health (Middleton, 2012), where much of the debate concerns qualified practitioners. The School of Allied Health Professions at the University of East Anglia (UEA) also considers professionalism to be a vital element of professional education and strongly believes this concept needs to be actively addressed from the very outset of educational programmes for healthcare professionals.

Providing dignified care

The NHS Constitution (Department of Health, 2010) sets out seven principles for the NHS; the third of which is that, 'the NHS aspires to highest standards of excellence and professionalism'. The draft report from

the Commission on Improving Dignity in Care for Older People (CIDCOP) (2012) recommends a philosophy of compassionate and person-centred care. At the professional level, there is an increasing focus on establishing new models of professionalism embracing moral and ethical values along with greater negotiation with the public (Charter on Medical Professionalism, 2002; MacLeod and McPherson, 2007; van Mook et al, 2009a; Giordano, 2009).

One recommendation from CIDCOP is that universities must satisfy themselves that applicants have both the academic qualifications and the compassionate values needed to provide dignified care. This gives a very clear mandate for higher education institutions to prepare students adequately to enable them to deliver these expectations and aspirations.

Teaching professionalism

Discussion has centred on the idea that the concept of professionalism must be explicitly taught (Cruess and Cruess, 2006) and assessed (van Mook et al, 2009b) during programmes of education. However, developing professionalism among allied health professionals has received little attention – Kasar and Muscari (2000) and Lindquist et al, (2006) are rare examples – compared with that of medicine (Collier, 2012b).

Evidence from studies of doctors indicates that teaching professionalism is challenging because it is difficult to define, observe and assess (Cruess, Johnson and Cruess, 2004; O'Sullivan and Toohey, 2008; van Mook et al, 2009a; 2009c). Constructs of professionalism frequently represent character traits and attitudes rather than behaviours, which by definition makes them difficult to teach and potentially problematic to learn. Studies within the medical profession suggest learning about professionalism requires long-term experience and reflection on the contexts in which behaviours and attitudes are demonstrated and the moral/ethical reasoning that motivates action (Gordon, 2003; Hilton and Slotnick, 2005; van Mook, 2009b).

An educational response

The School of Allied Health Professions at UEA has developed an educational response to professionalism, informed by recommendations from Jha et al (2007) and van Mook et al (2009b and 2009d). These can be summarised as follows:

- There needs to be an explicit and generic definition of the concept of professionalism.
- Professionalism needs to be taught and assessed throughout the curriculum.
- Professionalism should be considered as a process rather than a fixed construct.

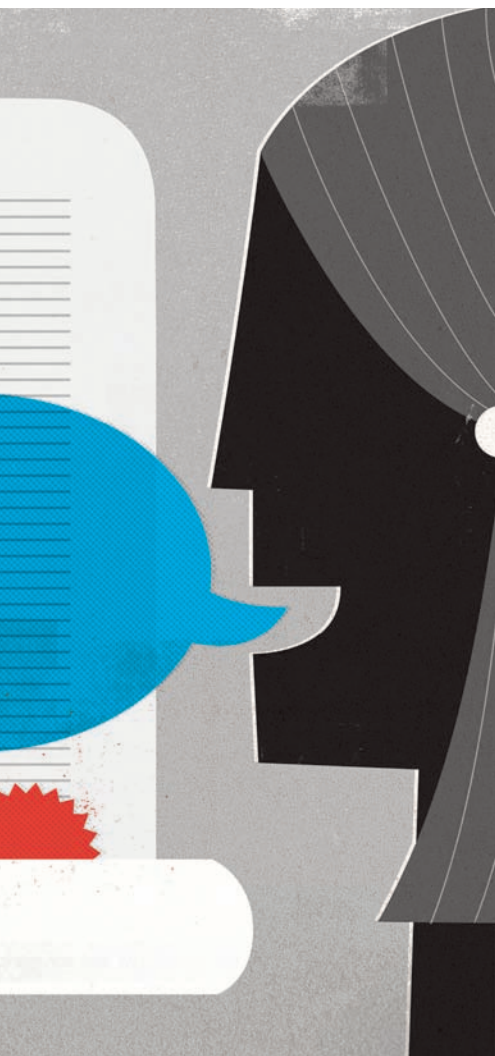


ILLUSTRATION Dale Edwin Murray

- Interventions should be put into the curricula that are designed to facilitate attitudinal and behavioural change.
 - Professionalism needs to be taught and assessed in multiple ways.
- Cruess and Cruess (2006) suggest that situated learning theory is the most appropriate way to develop professionalism in students using authentic activities. A balance should be provided between explicit teaching and experience to transform knowledge from the theoretical to the useable and useful (Cruess and Cruess, 2006).

With this in mind we reviewed the ways in which professionalism was tackled in the curricula and identified four strands: specific teaching on professionalism, socialisation, clinical experience and the assessment of professionalism.

This exercise revealed a significant amount of teaching and assessment of professionalism, but it was often indirect and might not be easily identified as such by students.

An AHP Charter

The medical profession has successfully introduced a 'Charter on Medical Professionalism' (2002) and this prompted us to generate our own 'Allied Health Professions Charter'. The conceptual model we now have of professionalism can be

described as a web with the four previously noted strands linked by the 'Professionalism Charter'. The Charter itself aims to:

- Define the construct of professionalism for AHP students.
- Provide a tangible framework around which professionalism can be structured.
- Enable students to map changes in their professional attitudes and behaviours.
- Highlight areas for development.

In order to fulfil these aims, we have set out 20 professional responsibilities, such as honesty and integrity, empathy and compassion, altruism and respect for others.

We ask students to reflect upon all the strands of professionalism and provide documentary evidence recording their progress. These are then mapped onto the Professionalism Charter. At the end of their programme we envisage that students will have tangible evidence of their professionalism to show to future employers.

Jha et al (2007) report that the evidence for how professionalism is promoted and measured in education is scant. We believe that evaluating the ways in which this innovation might facilitate changes in behaviours and attitudes will add a valuable contribution to the evidence base. The evaluation is in its early stages and we will report this in due course, but the early indications are that a Professionalism Charter may be an effective way of having 'the conversation'. ■

Rosemarie Mason, Lecturer in Occupational Therapy, Jennie Vitkovitch, Lecturer in Speech and Language Therapy, Jill Jepson and Rod Lambert, Lecturers in Occupational Therapy, University of East Anglia. Email: J.Vitkovitch@uea.ac.uk



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Making sense of duty of care

Steven Harulow looks at two new RCSLT resources to help members deal with issues around their duty of care and cuts to services

Winterbourne View Hospital, the Mid Staffordshire NHS Foundation Trust, the case

of baby Peter Connelly – three appalling scandals of recent times that have served to put the ‘duty of care’ owed by health and social care professionals very much into the public eye. The issue of duty of care is a particular topic of concern at a time when the UK’s health and social care system is coming under increasing budgetary pressures, and practitioners are finding themselves being asked to accept new working practices in the name of cost-efficiency.

In response to a rising number of enquiries from members looking for advice in relation to safe working and the impact of change on the best interests of service users, the RCSLT has developed introductory guidance to summarise some of the principles that apply in connection with SLTs’ duty of care.

The duty of care guidance looks at the legal concepts of duty of care and standards of care and negligence, and includes a brief explanation of how the courts view

each of these issues. It also contains points for discussion and reflection (see panel for examples) to illustrate this somewhat abstract concept in a practical context.

It is important to note that this guidance is not exhaustive and does not constitute legal advice. It complements, and must be read in conjunction with, the guidance provided by the Health and Care Professions Council and your employer, if you have a contract of employment.

The RCSLT guidance also provides links to useful external resources that you can consult if you require information or advice on a specific set of circumstances. Our advice to SLTs who are concerned about issues relating to their duty of care is to consult these resources and seek appropriate advice. The question as to whether a duty

of care arises (and, if so, whether this has been breached or is likely to be breached in the future) will depend on the particular circumstances of each case.

The RCSLT Cuts Toolkit

Through our Giving Voice campaign we are helping members to demonstrate how speech and language therapy makes a difference to people with speech, language and communication needs, their families and the wider society. Giving Voice provides the opportunity to engage positively and proactively with the local decision makers who commission services.

However, we have received concerns from SLTs about a range of situations that give cause for concern and threaten the services they provide. For example:



ILLUSTRATION Thomas Phillips

- Demands to increase face-to-face contact with service users as a measure of improved service delivery and activity.
- Demands to provide models of delivery that are not evidence based.
- Hugely increased caseloads due to reducing staff numbers.
- Pressure to discharge clients/patients after episodes of care against professional judgement.
- Reduced skill mix (patient access to qualified SLTs, highly specialist and/or specialist SLTs)
- Denial of access to CPD opportunities in work time.

In response, we have produced a 'Cuts Toolkit' to provide guidance to help you with the decisions you are being asked to make around service structures and priorities. The Cuts Toolkit contains:

- An RCSLT statement on the roles and responsibilities of registered practitioners – reiterating members' professional obligations. This is a useful benchmark against which to gauge any decisions you are being asked to make.
- An RCSLT briefing for decision makers that you can use to give national and local politicians an insight into the short- and long-term impact of poor budget decisions.

In addition, the toolkit provides advice on how to engage and influence local budget holders; explains the rights and responsibilities of SLTs as employees; discusses how services users and their parents and carers can challenge cuts; and summarises the bank of RCSLT resources available in relation to this area.

Both the duty of care information and Cuts Toolkit are now available online. This is essential reading for all RCSLT members facing direct and indirect pressures on the services they deliver. ■

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Visit: www.rcslt.org to read these new resources



Additional resources

Duty of care resources:

HCPC Standards of proficiency – SLTs:
<http://tinyurl.com/8q33fd5>

HCPC Standards of conduct, performance and ethics:
<http://tinyurl.com/gtpww55>

Public Concern at Work guidance on the Public Interest Disclosure Act 1998: <http://www.pcaw.org.uk>

Unison Duty of Care Handbook:
<http://tinyurl.com/8emt52p>

Unite information on employment-related problems:
<http://tinyurl.com/8f28ld6>

The RCSLT's Duty of Care guidance considers several questions that you can use to reflect on areas of your practice. Please note the list of questions is not exhaustive and does not constitute legal advice.

Working within your job description

"I qualified as an SLT last year but am currently working as a teaching assistant. The special educational needs coordinator has recently asked me to run language groups in the school and carry out speech and language therapy assessments on the pupils attending the groups. I would love to put my knowledge and skills to good use but have a few concerns as I am not employed as an SLT?"

Working safely and effectively

"I am part of a specialist SLT team working with children with complex needs, including dysphagia. I am really worried about new waiting list targets and the effect that this could have on our service's existing caseload if children with complex needs are suddenly discharged as a result. I am not sure what to do next?"

Working in the best interests of service users

"I am an SLT working in a nursing home and I recently observed some members of the care staff treat a patient in a way I think is inappropriate. What should I do?"

"Our community speech and language therapy team runs regular 'drop-in' sessions for young children and families in our local area. There is no need for parents or carers to book. SLTs are on hand to give general advice and information leaflets. We also demonstrate practical ways of using different play equipment to develop communication. These sessions are very popular and successful. What sort of things should we be thinking about in terms of duty of care?"

Exercising professional judgement

"I have assessed a child and have recommended speech and language therapy intervention supported by the school and other staff. I am feeling worried as I understand that the child's parents may not be happy with this approach."

Bulletin remembers those who have dedicated their careers to speech and language therapy

Obituaries

REMEMBERING

Jack Ashley Lord Ashley of Stoke

1922–2012

*Not how did he die, but how did he live?
Not what did he gain, but what did he give?
These are the units to measure the worth
of a man as a man, regardless of birth.*

*Not, what was his church, nor what was
his creed?
But had he befriended those really in need?
Was he ever ready, with word of good cheer,
to bring back a smile, to banish a tear?*

*Not what did the sketch in the newspaper say,
but how many were sorry when he passed
away.*

Anon

The Right Honourable David Miliband MP read this popular poem to conclude the inspirational memorial celebration of Jack Ashley, Lord Ashley of Stoke, on 2 July 2012. I was privileged to attend on behalf of the Royal College of Speech and Language Therapists.

Lord Ashley was a patron of College and a strong supporter of the work we do. He attended many of our conferences and

meetings and gave freely of his time and advice. Many of you will remember the stirring and humorous address he gave after the conference in 1995 at the York Railway Museum.

Jack's fierce determination came from his origins in the slums of Widnes. His father, a labourer, died of pneumonia when he was five, leaving his widow to struggle alone to raise him and his three sisters on £1-a-week from her office-cleaning job. He left school at the age of 14 and went into industry. He soon found his political voice when setting up a union in his workplace. His strong sense of justice, even at a very young age, also took him to fighting for reduced rents or improved accommodation for those living in poor housing conditions, as he and his family were.

A Ruskin scholarship to Cambridge provided Jack with access to a different life, one that seemed inevitable and predetermined. Following this he had a brief period with the BBC but found it, at that time, stuffy and restrictive.

Jack suddenly became deaf in 1967, a year after entering parliament. He considered ending his political career at that time but



his determination, courage, integrity and dedication led him to persist against the odds. Deaf for most of his Westminster career, he was an inspiration to people with disabilities and battled on their behalf.

Jack was relentless pursuer of justice for underdog causes. The causes that he took up were many and varied. He conducted high-profile campaigns on behalf of widows and battered wives, rape victims, disabled and mentally ill people. He helped pioneer live captioning on television for deaf people. And, most challengingly, he sought to help the victims of thalidomide.

The tributes at the memorial service came from the Ed Miliband; Lord Kinnock; Rosaleen Moriarty-Simmonds, a thalidomide survivor and disability issues consultant; Lord Morris of Manchester; David Livermore, the former chairman of the Royal National Institute for Deaf People; and Lord Donoghue of Ashton. They eloquently described his good humour, genuine concern, persistence and humanity. The family members, including his three daughters and many grandchildren spoke warmly of his work ethic, love, interest optimism and sense of fun.

Remembering Jack's fierce and continued pressure on improving facilities for disabled people, Lord Donoghue noted that the stairs to heaven will soon be replaced by a ramp. ■

.....
**Professor Pam Enderby Professor of
Community Rehabilitation, The Innovation
Centre, Sheffield**

*“Deaf for most of his
Westminster career, Lord
Ashley was an inspiration to
people with disabilities”*

SEPTEMBER SIG NOTICES SPECIFIC INTEREST GROUPS

Send your SIG notice by email to: sig@rcslt.org by 3 September for October, by 2 October for November and by 2 November for December. Please note: The RCSLT office will close on 15 October for refurbishment. The meeting rooms will be unavailable until mid-January 2013.

SLT in Children's Centre SIG

10 September, 10am – 3pm

Workshop: Mapping and accrediting locally developed training. Highfields Fire Station, Hassocks Lane, Beeston, Nottingham, NG9 2GQ. Members £5; non-members £15, to include one year's membership. Pay on day (cash or cheque). Places limited. To book, email: jayne.blincoe@walsallhealthcare.nhs.uk

North West Adult Acquired Neurology SIG

12 September, 9.30am – 4.15pm

Aphasia study day. Findings from the GReAT project – Abi Roper and Dr Naomi Cocks; Therapy beyond the single word – Dr Emma Gregory. Astley Hall Conference Room, Southport Road, Chorley, Lancashire. Members £15; non-members £20. Tel: 01257 245 290 or email: eulyn.hodson@lthtr.nhs.uk

Trent Voice SIG

13 September, 9am – 4.30pm

New to voice study day: for SLTs new to voice therapy or returning to voice therapy. Covers anatomy and physiology, interpreting laryngeal images, various therapy techniques, perceptual assessment, case history taking, and group case history discussion. Rotherham General Hospital. SIG members £40; non-members £50 (including SIG membership). Includes lunch and refreshments. For details and application form, email: madeline.atherden@dchs.nhs.uk

SW Fluency SIG

18 September, 10am – 4pm

Agenda: cluttering and psychogenic stammering. Frenchay Hospital, Bristol. For more information, email: Deborah.Mason@nbt.nhs.uk or alex.stewart@gwh.nhs.uk

SIG Palliative and Supportive Care

19 September, 9am – 1pm

'End of life issues in progressive conditions'. Topics to include saliva management, pharmacology and capacity issues in decision making. UCL Chandler House, London WC1N 1PF. SIG members and students free; non-members £5. To book your place, email: joy.merriman@nhs.net

SIG Community and Domiciliary (Adult Neuro)

19 September, 9am – 4pm

New technology in the community. RCSLT, London. Members £10; non-members £15. For information, email: contactsigdom@gmail.com with 'study' in subject line. To register, visit: tinyurl.com/sigdom

Counselling and Therapeutic Skills in SLT SIG

21 September

Kidge Burns, author of 'Focus on Solutions; a Health Professionals Guide'. Case examples will demonstrate clinical effectiveness. Opportunity to consider how collaborative approach promotes creative thinking among clients, carers and practitioners. The Speech, Language and Hearing Centre, 1-5 Christopher Place, Charlton Street, London NW1 1JF. Annual membership £20; member study day fee £10; Non-member study day fee £25; student fee £5. Fees to be paid by cash or cheque on the day. Email: ruth.phillips.sig@hotmail.co.uk

Yorkshire Voice SIG

21 September, 9am – 4.30pm

Voice study day with Gary Wood. Practical day looking at voice therapy techniques. Open to members and non members. New Mill, Saltaire, near Bradford. For more details, email: findrazia@hotmail.com

Head and Neck SIG South

24 September, 1pm – 5pm

'The validation of swallowing outcomes after laryngectomy'; 'The assessment and management of facial palsy' and 'An MDT trismus pathway'. Conference Hall in Canterbury Hall, 19-26 Cartwright Gardens, University of London, WC1H 9EF. Members: free; non-members: £8. Email: helen.walker@addenbrookes.nhs.uk or tel: 01223 216 200

Justice SIG (Scotland)

27 September, 10am – 4pm. Refreshments and reg 9.30am

Dominique Lowenthal: 'The Box' RCSLT criminal justice training package and e-learning tool; Anne Marie Gallagher on autism in the CJS; presentations on offender learning needs and on resources. The Quaker Meeting House, Elmbank Street Glasgow. SIG AGM. Members £5; non-members £10. Email: jangreen@nhs.net or AClark@qmu.ac.uk

SIG for Cleft Palate and Craniofacial Anomalies, (National)

11 October, 9.30am – 5pm

Includes: 'An introduction to TalkTools Oral Placement Therapy for feeding and speech'; 'Speech outcome following palatoplasty: A critical review of the literature'; 'The RCSLT working for you, working with you' and individual case presentations. Queen Elizabeth Hospital, Birmingham, Postgraduate Education Centre, Mindelsohn Way, Edgbaston, Birmingham, B15 2WB. SIG members £35; non-members £50 (lunch included). To reserve a place, email: Jayne.OConnell@cmft.nhs.uk or tel: 0161 701 9080

Tracheostomy SIG

11 October, 9.30am – 4pm

Competencies and outcome measurement in tracheostomy care Part 2 (adults and paediatrics). Royal Hospital for Neuro-disability, Putney. £10 (lunch included). To attend, email: gemmajones6@nhs.net ASAP as numbers limited

National SIG Disorders of Fluency

11-12 October

Assessment and treatment of cluttering with Yvonne Van Zaalen. Mile End Hospital, London. You can attend one (£30) or both days (£40). Price includes 2012-2013 membership. For more information email: gillian.gaskell@bhamcommunity.nhs.uk

Early Years SIG (Western)

12 October

Evidence-based practice in early years work: Initial findings from the Bristol research project 'Child Talk'; feedback from the Better Communication Research Programme; prioritisation. Bristol. Email: lucy.bomford@nhs.net

Psychiatry of Old Age SIG

18 October, 9.30am – 4.30pm

Primary progressive aphasia: research and therapy updates; training provision: bring and share session; AGM. Dementia UK, 6 Camden High Street, London NW1 0JH. Members: £15; non-members: £25. Includes lunch and refreshments. To book, email: SIGpoa@gmail.com

North West Voice SIG

7 November, 9am – 4.30pm

Gary Woods: 'The role of videostroboscopy' in the assessment of dysphonia followed by informal practical session on techniques used with the singers' voice and/or transsexual voice. Mayo Building, Salford Royal Hospital Stott Lane, Salford, Manchester, M6 8HD, seminar room 6, level 2. Email: carmelmcnamee@boltonft.nhs.uk

South Wales Voice SIG (WA13)

15 November, 9.30am – 4.30pm

The ageing voice. Speakers include Jane Shaw. Village Hotel, Cardiff. Non-members £50; members £30; students £20 (includes lunch and refreshments). Email: Janine.Cleverley@wales.nhs.uk

SIGAN and HISIG

16 November, 9am – 4.30pm

'Cognitive communication: You can do it too. Thinking beyond TBI and specialist rehabilitation'. 33 Queens Square London. Price TBC. Enquires: siganmembership@gmail.com

South West SIG in Autism (WE20)

19 November, 9.30am – 4pm

Differential diagnosis and co-morbidities/multidisciplinary interventions in autism. The Vassall Centre, Gill Avenue, Fishponds, Bristol BS16 2QQ. Members free; non-members £15. Email: juliet.keighley@nbt.nhs.uk

North West Mainstream SIG

26 November, 9am – 4pm

Maggie Johnson: Active listening and learning in the communication-friendly classroom. Includes practical strategies for building on visual strengths, compensating for poor time-awareness, attention and motivation, and the development of active listening, a whole-school approach to reducing the confusion and sense of failure experienced by children with comprehension or processing difficulties. Sale West Development Centre, 120 Manor Avenue, Sale, M33 5JX. Members: £20; non-members: £40. Contact Louisa Reeves, email: lreeves@ican.org.uk

SLT in Children's Centre SIG

10 December

The New EYFS and play. Education Centre, Lower Ground Floor, Edgware Community Hospital, Burnt Oak Boardway, HA8 0AD. Members £15; non-members £25 to include membership until 31 August 2013. Pay on the day (by cheque or in cash). Email: Hadassah.Lev@barnet.nhs.uk to book place (places limited)



Victoria Joffe

Victoria Joffe says we can learn a lot from the behaviours of the top Olympic athletes

Let's strive to be the best we can

I am sure, like me, many of you have been enjoying participating (if only vicariously) in the delights of the Olympics. One could surely not be anything but inspired and somewhat in awe of the likes of Sir Chris Hoy, Jessica Ennis and Usain Bolt.

You might be asking what relevance this has to speech and language therapy practice or clinical research. When competing against each other and themselves, these dedicated Olympians display some clear common behaviours. These include planning, perseverance, bravery and what I am going to call, and in so doing coin a new word, an 'unstoppability'.

Since my last forum (Bulletin, August, pages 24–25), where I challenged you all again to take on a further research-related activity, I have had many responses from clinicians who are very keen to enter the clinical research arena, but who feel ill-equipped to do so. It struck me while reading these messages, that for the clinician working in a busy

clinic, hospital, rehabilitation centre or school, some of the attributes shown by these inspiring athletes are exactly what is called for when trying to become much more robust and committed in our quest to undertake evidence-based practice.

Let us take it as a given that we are all very busy and that some get little or no support, and even discouragement, to explore research and its role in our practice. Let us also be clear that the only way we will be successful at delivering effective and efficient services is to become more research-focused and actively explore how research is informing our daily practice. To do this we have to emulate some of the same characteristics so evident in top Olympic athletes.

Planning

We need to have a clear plan about our own personal development and growth with regards to becoming more research aware, and about how we can more efficiently and



routinely embed research in our everyday practice. Think for a moment about what you will be doing today with your clients and ask yourself why you are doing this. Why are you using a specific approach or intervention? How do you know it works? Is there a more effective and efficient approach that you could try instead? Is there any evidence for the intervention? And if there is, what kind of evidence is it? Is it sufficiently robust and rigorous, or is it subjective, biased and anecdotal? Let us remember the sage wisdom from Wertz

“Be bold and brave, show initiative and tread uncharted territory”

(2002) that not all evidence is created equal, and using inadequate evidence is bad for our profession and our clients.

Perseverance

Over the next few months we will look more at evidence and how to assess its value. I know many of you feel ill-equipped to answer these questions sufficiently, and I want to reassure you that you can learn this easily. One of the best ways to become a more critical reader and consumer of research is by reading more research papers. It gets easier as you do it, but you have to show a second Olympian trait, that of perseverance. Why not choose a relevant article from the 'International Journal of Language and Communication Disorders' and read it. I can recommend a really valuable book for your department – Trisha Greenhalgh's 'How to read a paper: The basics of

Research and Development Forum



ILLUSTRATION Graham Longdin

exciting and varied postgraduate opportunities is available for allied health professionals (AHPs). Specialist clinical Masters programmes can further develop your clinical specialism while providing a foundation in research and evidence-based practice. National Institute for Health Research (NIHR) grants are fully funding some Masters of research programmes (MRes in Clinical Research), specifically tailored for AHPs and focusing on applied clinical research. **Visit: www.nihrtcc.nhs.uk/cat/masters** to see which universities have been successful in their bids for funding. Don't give up at the first sign of difficulty or lack of success. Even if you cannot get a funded place, contact your nearest university and explore what Masters programmes they are offering and start a discussion with your manager about the possibility of you registering for one of them.

I know you will face challenges, but there is no better time than now to be exploring these options. The benefits to you and your practice will be immeasurable. The NIHR is also establishing clinical academic training pathways for nurses, midwives and AHPs. These consist of four research training schemes: Masters in Clinical Research, Doctorate Research, Clinical Lectureship and Senior Academic Clinical Lectureship. Some universities also offer professional or clinical doctorates that may be of particular interest to more experienced clinicians.

To colleagues who, like me, work predominantly in school and education, this includes you too. There is an essential need to provide evidence for classroom-based interventions and consultancy work, all of which is still very much in its infancy. Head teachers, governing bodies and local education authorities need to be persuaded

that investing in you through further research training and development is vital in order to meet the needs of our school-age clients.

Go for gold

Resist the often-used argument that commissioners of services are not commissioning us for research. They are commissioning evidence-based practice and to conduct such practice, we need to have the knowledge and ability to find and appraise the research literature, identify the existing gaps and collect appropriate data and outcomes from our interventions to rationalise and report on our practice. Our clients also rely on us to be aware of the existing research and to choose and advise them on the best therapeutic principles and approaches available.

Let us all be unstoppable in our quest to build the evidence base for our profession, to individually take more responsibility and be accountable for ensuring that the therapy we provide today has an evidence base providing a rationale for its use, and has inherent in it clear, specific and measurable outcomes. Let us all strive to be gold medallists – committed, prepared, enthusiastic, brave and unstoppable evidence-based practitioners. Our clients deserve nothing less. ■

**Dr Victoria Joffe, RCSLT
Councillor for Research and Development.**

Email: v.joffe@city.ac.uk



References & resources

Greenhalgh T. *How to read a paper: The basics of evidence-based medicine*. Third Edition. Oxford: Blackwell Publishing. 2006

Wertz RT. Evidence-based practice guidelines: not all evidence is created equal *Journal of Medical Speech-Language Pathology* 2002; 10, 3, xi-xv.

evidence-based medicine' – to help you do this.

There are many ways you can become more research aware and savvy. You might try and locate your nearest higher education institution and explore what research methods modules they are offering on a continuing professional development basis. Don't worry if there is no speech and language therapy department close to you, you will easily find research methods teaching in psychology or education departments too. If you don't want to take the plunge and enter into part-time study, why not attend a module and learn more about research and critical appraisal of the literature? Some institutions may even offer a distance learning module.

Be brave

Approach your line managers, whether in the NHS or education, and ask if they will

help fund you to do this. Those of you in the NHS may find your research and development office has research training that you can undertake.

This is where you have to be bold and brave, show initiative and tread uncharted territory. Take time to find out what is available in your region, contact your colleagues across professions and enquire what information or resources they may have. Provide a clear and well-rationalised argument for needing time and/or funding to take one or two individual research modules. This is about moving your clinical practice to a whole new level. It is about having the knowledge and confidence to explore and assess the available evidence and apply it to your own practice.

Masters opportunities

Some of you may even choose to go further and explore MSc opportunities. A wealth of



DEPARTMENT OF HEALTH

Rheynn Slaynt

Isle of Man

Speech and Language Therapy Service



Picture used by kind permission of Pete Smith, IOM Ambulance Service.

Is your quality of life as important to you as it is to us?

**Manager
Speech and Language Therapy Service**

Band 8B MPTC

Salary £48,825 - £60,359
Reference DH-084-1213

A highly motivated, innovative and experienced speech and language therapist is needed to lead a small team working throughout the Isle of Man to deliver a comprehensive Speech and Language Therapy Service. This post encompasses both management and a clinical caseload within a specialist area.

A Relocation package will be provided to any successful off island candidate.

Closing date: 5pm, 21st September 2012.

Please note a police check will be required for this post and a charge of £44.00 for this may be payable.

If you are looking for a better work/life balance, please contact: **Jan Brown on 01624 642630**
Janice.Brown@gov.im



**Isle of Man
Government**

Reiltys Ellan Vannin

DEPARTMENT OF HEALTH

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Do you have the following:

- Experience working with adults/children with complex needs (minimum five years)
- Skilled in dysphagia and/or alternative augmentative communication assessment and management

Independent Living Solutions is traditionally a case management company. In response to the needs of our clients we are developing specialist therapy teams.

What we have to offer you:

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telephone 01722 746625 quoting ref: LO/002

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Hollybank Trust is a charitable organisation with a national reputation for excellence, working with some of society's most vulnerable children and adults with complex disabilities and associated learning difficulties.

Speech & Language Therapist (Band 6/7)

£30,460 - £34,189, 37.5 hours per week

Initially a 1 year fixed term contract

Based in West Yorkshire

Reporting to the Head of Speech and Language Therapy, you will work within a successful SaLT team to provide a complete SaLT service to individuals living within Hollybank Trust. This role will be working predominately with adults. This role will include the management of other SaLT staff and may include covering for Head of Department within the Trust's children services. You must have post graduate Dysphagia qualification and experience of working with people who have complex needs. Experience of tracheostomies is desirable.

A car driver and full licence is essential.

For an informal chat, please contact Angela Hunter on 01924 490833.

Please contact our HR team on 01924 490833 for an application pack or visit our website www.hollybanktrust.com. Click on Hollybank Trust then Human Resources to apply online.

Closing date: Friday 21st September 2012

Hollybank Trust is committed to safeguarding and promoting the welfare of children and adults and expects all staff and volunteers to share this commitment.



www.hollybanktrust.com

Much Hadham,
Herts SG10 6EW



SPEECH AND LANGUAGE THERAPIST

18.75 hours per week
£22,710 - £25,951 / £27,254 - £30,176 pro rata, per annum
(£11,355 - £15,088) Depending on experience

A fantastic opportunity has arisen for a dynamic Speech and Language Therapist to develop a service for the College and Adult Home within a leading specialist disability services charitable organisation.

The successful candidate will link with the established SLT team in School and our friendly multi-disciplinary team to deliver holistic care. A post-graduate qualification in Adult dysphagia and practical knowledge of AACs would be desirable for the Home part of the post. Experience with autistic spectrum and language disordered young adults working towards independence is desirable for College.

You will be providing a quality service to our residents and learners to include assessments and implementation and monitoring of programmes working in conjunction with our other therapists.

This position is an excellent career opportunity and offers a real chance to make a difference.

Closing Date: **24th September 2012, 5pm**
Interviews: **3rd October 2012**

For further details and to apply on-line www.stelizabeths.org.uk
Alternatively e-mail recruitment@stelizabeths.org.uk or contact reception on 01279 843451 for an application form.

St Elizabeth's Centre is committed to safeguarding and promoting the welfare of children, vulnerable adults and young people. The successful applicant(s) will be required to undertake an enhanced criminal records check. We are an equal opportunities employer welcoming applications from all sections of the community.

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A specialist day and residential school for boys with Autism.

Here is an opportunity to join a **WINNING TEAM...**

Swalcliffe Park School ("Outstanding Education & Care" Ofsted 2012) provides specialist education and care for secondary aged boys all of whom have a diagnosis of ASC. We offer excellent working conditions, generous holidays, opportunities for career development and training.

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Pay scale: Band 6

We are looking for a qualified therapist with vision and flair to join our highly motivated multi-professional staff team.

You will be joining a growing department which is developing and delivering innovative approaches to improving the communication skills of our students.

Your role will involve working with individual boys and groups, in both classroom and residential settings. There will also be opportunities to deliver staff and parent training.

The successful candidate will be a member of the RCSLT and HPC.

Closing Date: Monday, 17th September 2012 at 12.00 noon
Interview date: Week commencing Monday, 24th September 2012

For more information and application pack or to arrange an informal visit, please contact **Dominic Fuller-Lowe, PA to the Principal, by telephoning 01295 780302 or by emailing admin@swalcliffepark.co.uk**

This school is committed to safeguarding and promoting the welfare of children and expects all staff and volunteers to share this commitment. The successful candidate will be expected to undertake an enhanced disclosure. We are an equal opportunities employer.



Royal Hospital for
Neuro-disability

Registered Charity No. 205907

Are you interested in Neuro-rehabilitation?

The Royal Hospital for Neuro-disability (RHN) is a medical charity providing national, regional and local specialist assessment, rehabilitation treatment and care for adults with acquired brain injury, primary and progressive neurological disease.

The Speech and Language Therapy Service comprises a team of nine Speech and Language Therapists and two SLT Technical Instructors working across a range of specialist clinical units. As a team we offer high levels of professional support and supervision as well as weekly team meetings. The department is actively involved in research with on-going support from our research department. We are highly committed to continuing professional development with regular in-service training and a clinical supervision programme in place for all staff. The department runs a number of clinics including videofluoroscopy, FEES and Tracheostomy clinic and works closely with the COMPASS Service addressing the assistive technology needs of our patients.

Two exciting opportunities have arisen for speech and language therapists who wish to develop their skills in this specialist field for adults with complex and profound neuro-disability. Both posts will work within interdisciplinary teams across the profound brain injury unit and specialist neuro-rehabilitation unit that make up the Brain Injury Service.

You must have a professional qualification in Speech and Language Therapy and full registration with RCSLT and HPC. Independent skills in assessment and management of non-complex dysphagia are essential. You will be expected to develop/extend your clinical skills in a number of areas including instrumental swallowing assessments, complex dysphagia, tracheostomy, FOTT, AAC and assistive technology.

Post 1: Developing Specialist Speech & Language Therapist

£27,422 - £29,395 per annum
Full time (35 hours per week)

This post is ideal for a recently qualified speech and language therapist who is interested in developing his/her experience in specialist neuro-rehabilitation and management within a supportive environment. You will have some experience of working with adults with acquired neurological disorders within an acute care facility, community or rehabilitation environment and be independent in managing non-complex dysphagia.

Post 2: Specialist Speech & Language Therapist

Brain Injury Service with rotation to specialist units
£33,834 - £36,334 per annum
Full time (35 hours per week)

The post holder will work on the Brain Injury service and rotate to other specialist units including Transitional Rehabilitation Service and Huntington's disease unit.

This post is ideal if you wish to develop your experience in complex specialised neuro-rehabilitation and management of neuro-palliative conditions within a supportive environment. You will have experience of working with adults with acquired neurological disorders within an acute care facility, community or rehabilitation environment and be independent in managing non-complex dysphagia. Your caseload will range from individuals with severe brain injury including low awareness states and locked in syndrome to those with high level cognitive communication disorders returning to independent living in the community.

To arrange an informal visit please contact Sarah Haynes, Head of Speech and Language Therapy on 020 8780 4500 ext. 5230, or email shaynes@rhn.org.uk.

To apply for the post, please download an application pack from www.rhn.org.uk complete the application and return it to the Recruitment Department.

Application packs are also available from the Recruitment Department on 020 8780 4500 ext. 5003/5036 or email recruitment@rhn.org.uk

Closing date: 19 September 2012.

Interview dates: Post 1: 26 September 2012.
Post 2: 27 September 2012.

Registered Charity No. 205907

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Specialist Speech and Language Therapist

PO3 - £33,510 - £36,306

Ref: ASSHH283

We are looking for a therapist with experience of working with people with learning disabilities to join our Specialist Healthcare team within the London Borough of Sutton.

The team comprises S<, Psychology, Nursing, Occupational Therapy, Physiotherapy and 'Creative' Therapies, and is committed to meeting the healthcare needs of this client group in line with current national policies.

The S< service works with individuals, carers and a wide range of significant others in identifying and meeting the communication needs of its service users. The focus is always on functional interventions and as well as working with individuals, value is placed on project work, training and the facilitation of others.

You will be expected to be experienced, motivated and innovative. You will be an integral part of the team and actively encouraged to shape its future.

You will receive regular clinical and operational supervision and continued professional development is encouraged.

For further information please contact Nik Crombie (S< Team leader for PLD) on 020 8770 4133 or 07850 155001.

Please apply online at www.sutton.gov.uk

Closing date for applications:
12.00 Noon on Friday 28th September 2012.

Interviews will be held on
Wednesday 17th October 2012.



www.sutton.gov.uk



Regional Lead Speech and Language Therapist

Starting Salary £32,000+ according to experience
[Cambian Fairview, Boxted Road, Colchester, Essex](#)

Cambian Group, the UK's largest provider of specialist services in education, mental health rehabilitation and learning disabilities, is currently looking for a Regional Lead SLT at Cambian Fairview.

Cambian Fairview provides Specialist Inpatient Services for up to 66 men and women with learning disabilities providing support at different stages of their care pathway. The services focus on assessment and treatment with intensive clinical and therapeutic input provided by a multidisciplinary team with the aim of enabling patients to progress to our locked intensive rehabilitation units.

The role involves delivering an evidence-based service to the individuals in the specialist ASD service, to develop effective functional communication and social skills, working in collaboration with staff in the environment. You will develop and manage the service at a local level, in line with the Group strategy, including supervising the junior SLT working within the establishment. You will work closely with the Head of Department to develop the SLT service across the Group.

The ideal candidate will have a minimum of 4 years clinical experience in related fields and be looking to take on some management responsibilities. You will be a strong team player, confident, motivated and well organised.

Apply online at: www.vacancies.cambianguroup.com; or
Email: recruitment@cambianguroup.com for an application form

Closing date: 30th September

www.cambianguroup.com

Sarah Longley-Cook
(HOD:SLT): 07818 508 606

Hounslow and Richmond
Community Healthcare



NHS Trust

Integrated Paediatric Therapy Services

1 year Fixed term (up to 0.9 wte)

Clinical Service Manager for Paediatric Speech and Language Therapy for Hounslow

Band 8a: £38,851 - £46,621 per annum, pro rata plus a High Cost Area Supplement (outer London) of £4,351 per annum, pro rata.

Following the retirement of our current service manager and our recent successful bid for the Richmond Children and Young People's Speech and Language Therapy service we are seeking to recruit a clinical service manager. This post will be for a fixed term, and will work closely with the service manager for Richmond in order to move to a more integrated service.

We are a well established, friendly team, with a range of specialist therapists who work closely to support less experienced staff.

You should have experience of managing a team within a NHS organisation and must be enthusiastic, dynamic and flexible.

This post is exempt from the Rehabilitation of Offenders Act 1974 and would require enhanced disclosure.

Apply:

To apply for this vacancy please visit www.jobs.nhs.uk, quoting reference number 779-SV-089.

For further details please call Anne Breaks Head of Integrated Paediatric Therapies on 020 8714 4079.

Closing date for applications: Friday 21st September 2012.

Interviews will be held on Wednesday 10th October 2012.

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FLEXIBLE WORKING PATTERNS AND WORK LIFE BALANCE.



**Opening doors to a new beginning
Caring for the individual**

Speech and Language Therapist

Salary negotiable based on experience, Hampshire

Vista Healthcare provides specialist care for adults with LD, mental health issues, ASD and behaviours that challenge, within a low secure setting. Our aim is to deliver the highest standard of care through assessment, treatment and rehabilitation.

The successful candidate will preferably have experience working with this client group. They will join a small SaLT team working with the wider MDT.

Closing date: 14th September 2012.

To apply send a CV and covering letter to: recruitment@vistahealthcare.co.uk

For further information: 01252 845826 ext 242.

www.vistahealthcare.co.uk



Dunfermline & West Fife CHP
Lynebank Hospital, Dunfermline



**Principal Speech and Language
Therapist (Forensic Specialist)**

Band 8A: £38,851 - £46,621 pro rata

Ref: LY666/07/12

Hours: 22.5/3 Days

Following retirement of the previous speech and language therapist, an opportunity exists to become a core member of the established, multi-agency, Forensic Service in Fife.

You will have responsibility for the speech and language service delivered into Daleview, the newly built, low secure, Regional Forensic Unit, as well as into the broader 'step-down' service in Levendale. In addition, there are clients with a forensic diagnosis, based in the community.

We will also encourage involvement in national groups taking forward professional development within this area. This would be an ideal opportunity for someone with some experience in this field who wishes to further develop their interest and skill.

You will be a member of the Fife-wide Speech and Language Therapy (SLT) service and more specifically the SLT, Adult Learning Disability team, consisting of 3, experienced colleagues, 1 junior colleague and 1 support worker.

For informal enquiries contact Susan Fisher, Speech and Language Therapy Manager, Carnegie Clinic, Inglis Street, Dunfermline KY12 7AX on 01383 627167.

A requirement of this post is to become a member of the Protection of Vulnerable Groups (PVG) Scheme Prior to appointment.

Application forms can be downloaded from www.jobs.scot.nhs.uk, saved to your PC and returned to the recruitment team by email attachment. You can also request an application pack by email quoting the job reference number. Our email address is fife-uhb.recruitment@nhs.net

We will acknowledge all returned application forms within 24 hours of receipt.

We do not accept CV applications. Applications may be considered on a job share basis.

Closing date: 12 noon on 21st September 2012.

Click on all our vacancies at www.jobs.scot.nhs.uk



NHS Fife is an equal opportunities employer and operates a no smoking policy.

SPEECH AND LANGUAGE THERAPIST

Titleworth Neuro requires a Speech and Language Therapist to support clients on an individual and group basis in 2 residential rehabilitation units - one in East Sussex, the other in Surrey. Applicants should be Dysphagia trained with experience of working with clients with tracheotomies. Ideal candidates will be working within multidisciplinary teams based in residential rehabilitation centres, hold a degree in Speech and Language Therapy, be HPC registered and a member of the RCSLT.

Salary is at Pay Band 7 with access to a 5% match funded pension scheme and 2.5% salary death in service insurance.

CVs to Dr Anita Rose, Director of Clinical Services: anitar@titleworthneuro.com or for more information phone her on 0845 053 7337. Application deadline - 21st October 2012.



titleworth neuro
SPECIALIST BRAIN INJURY SERVICES

www.titleworthneuro.com



**Giving Voice needs
YOU
(and your clients)**

The **RCSLT** is looking for inspirational media case studies to demonstrate the power of speech and language therapy.

We are looking for media case studies from all parts of the UK to show just how important speech and language therapy is, not just to those with communication and swallowing needs, but to society as a whole. If you have clients and families who have benefited from speech and language therapy and are willing to take part in Giving Voice media activity please get in touch.

For more information on what makes a great case study or to discuss any ideas, contact RCSLT PR Manager Robin Matheou. Email: robin.matheou@rcslt.org



**CITY UNIVERSITY
LONDON**

APPOINTMENTS



Investing further in academic excellence

School of Health Sciences

**City University London
Senior Lecturer/ Lecturer**

City University London is a global University committed to academic excellence with a focus on business and the professions and an enviable central London location. City attracts over 17,000 students (35% at postgraduate level) from more than 150 countries, academic staff from over 50 countries and has embarked on a strategic transformation to strengthen its position as a leading global University.

The University is in the top 5% of universities in the world according to the *Times Higher Education World University Rankings 2011/12* and in the top 30 UK Universities according to the *Times Higher Education Table of Tables 2012*.

It is ranked in the top 12 in the UK for graduate starting salaries (*The Sunday Times University Guide 2012*) and fifteen of its subject areas were identified as undertaking world-leading or internationally-excellent research in the last Research Assessment Exercise.

The School of Health Sciences is dedicated to the education and development of health and community-based professionals and has a strong research culture that supports a wide range of high quality research. It is committed to increasing its research by attracting more external grant income and increasing the volume of publications in high quality research outputs. As part of this development, applications are invited from suitably qualified research excellent academics in the field of Language and Communication Science. Candidates with a clinical qualification and specialisation in developmental speech and language disorders, dysphagia, or acquired language and cognitive disorders would be particularly welcome.

Language and Communication Science

1 Senior Lecturer/Lecturer
1 Lecturer

City offers a sector-leading salary, USS pension scheme and benefits including a comprehensive package of staff training and development.

**Closing date for applications:
30th September 2012.**

All interested candidates are asked to submit a CV and cover letter and to identify and attach up to four (4) of their top research publications. These can be submitted on www.city.ac.uk/hr/jobs.

This month's resources
reviewed and rated by
Bulletin's expert reviewers

Reviews

BOOK

Choral pedagogy and the older singer

AUTHOR: Brenda Smith and Robert T Salatoff

PUBLISHER: Plural Publishing

PRICE: \$55

REVIEWER: Patricia Henshaw, Principal SLT, Voice, York Teaching Hospital NHS Foundation Trust

RATING OVERALL ●●●●○

The resurgence in the popularity of choral singing and the increasing expectation of active participation in a range of activities are combining to encourage more people to enjoy singing well into older age. This American book is designed to help choir conductors adjust their expectations and methods to suit the condition and abilities of older singers. It supports this with a wealth of information about the ageing voice and how to look after it and use it well.

SLTs working with older people who run into difficulties with both their speaking and singing voices will find this book of immense interest. The chapters on medical care and vocal health are clear and accessible and particularly helpful. They bring together familiar and new information on anatomy, physiology, conditions, factors affecting the voice and approaches and treatments. This is a treasure trove, well worth a look. My copy is already well thumbed.

BOOK

Anthony Best

AUTHOR: Davene Fahy

PUBLISHER: Limerock Books

PRICE: £9.50

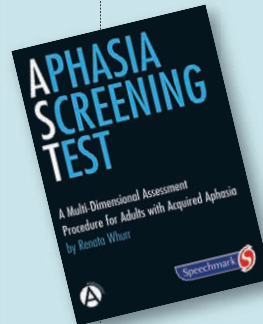
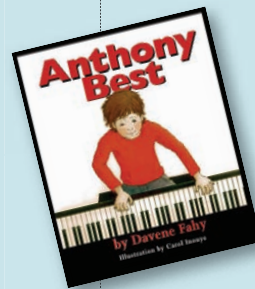
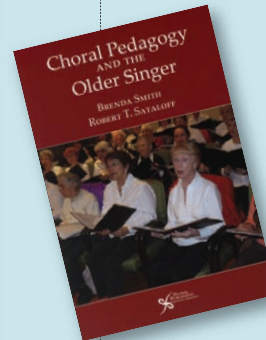
REVIEWER: Sarah Lambert, SLT

RATING OVERALL ●●●●○

This book portrays a boy with Asperger syndrome, using short text and simple, attractive illustrations that will appeal to young children. The ways in which Anthony behaves differently from other children are described from the perspective of a child who has befriended him. The author uses straightforward language and sometimes gives an explanation for the behaviour and a positive way to respond.

Such a simple presentation of a complex subject can rest uneasily with the adult reader, but it is possible to see how this book could be a useful starting point for a teacher or parent wishing to have a discussion with children about the behaviour of a sibling or classmate with autism.

The book ends with the revelation that Anthony really is 'best' in one regard, as he has a special talent for playing the piano. It is important to emphasise that every child has their own particular strengths, but it is disappointing this book portrays the stereotypical image that a child with autism will have a skill so exceptional and easily acknowledged. This is, of course, only occasionally the case – as is noted in the summary for adults at the back of the book.



BOOK

Aphasia Screening Test

AUTHOR: Renata Whurr

PUBLISHER: Speechmark

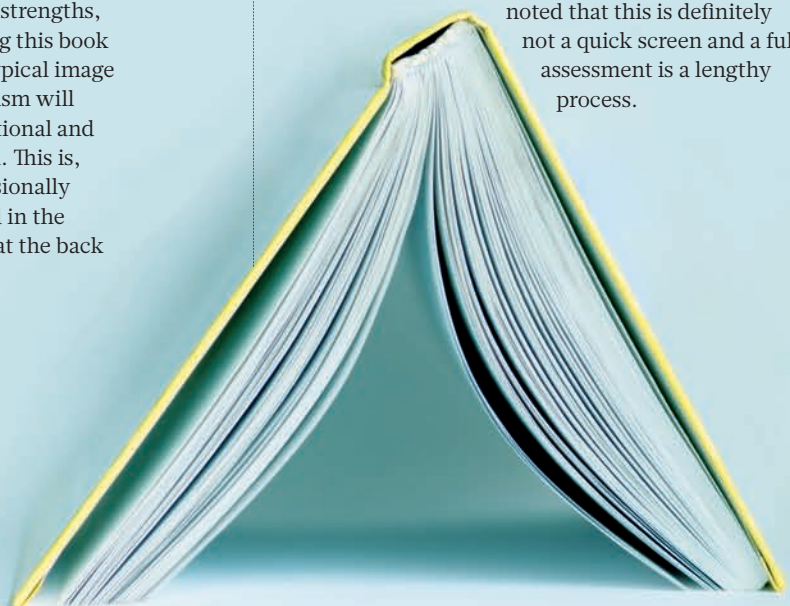
PRICE: £200 + VAT

REVIEWER: Natalie Poppenbeck, Specialist SLT (Stroke and Dysphagia) Cardiff and Vale University Health Board

RATING OVERALL ●●●●○

The Aphasia Screening Test (AST) has been modernised. It is much more appealing to use, with a ring-bound display booklet, test cards and an updated score sheet. The test materials (objects, pictures, words, sentences) are unchanged from the original.

A new addition is a CD Rom programme onto which you can input test scores. It will create a profile and work out the severity of aphasia and can be printed off and used as a report. As the manual states, this assessment is useful for patients with moderate to severe aphasia and not really suitable for those with a mild impairment. I have an old version of the AST that I have often used with patients with more severe aphasia, so it is good to have a modern version. However, it should be noted that this is definitely not a quick screen and a full assessment is a lengthy process.



amazon.co.uk

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For every purchase you make the RCSLT will receive a percentage of your order from Amazon.

Picture Exchange Communication System (PECS) Training

PECS Basic Training: Liverpool, London, Dundee, Birmingham, Cardiff, Sheffield, Salisbury, Cambridge, Newcastle, Glasgow, plus more. Guide to Managing Challenging Behaviours: London, Birmingham, Sheffield. For all training dates/information, Pyramid Educational Consultants, visit: www.pecs.com, tel: 01273 609 555

21 September, 'Assertiveness in the workplace'

Friendly, practical workshop for newer therapists. Limited number of places ensuring individual teaching. £65 (£60 for students). Sally Newman and Mary Pointer from The Therapy Training Alliance. Further information and place reservation available from: www.speechtherapy4allchildren.com, email: newmansallyspeech@yahoo.co.uk or phone Sally Newman (07821 250 312)

23 September, How the breath inspires

The physiology of breathing with practical applications for both speech and singing. The afternoon will include a choice of workshop sessions exploring various links between breathing and voice. Baden Powell House, London. Further information: www.britishvoiceassociation.org.uk (events diary)

1-4 October, Specialist development programme for SLTs and SLTAs working with children and adults with Down syndrome

Inspiring and comprehensive course examining Down syndrome, evidence-based practice in this field and speech and language therapy interventions tailored to the syndrome-specific profile. This can be taken as a modular course and is delivered by Symbol UK's team of specialist SLTs who are also advisers to the Down's Syndrome Association. Lenham, Kent. To find out more and book your place, email: barbara.flook@symboluk.co.uk, tel: 01795 844 440, visit: www.symboluk.co.uk

17 October, Counselling skills for recently-qualified SLTs

Experiential one-day workshop to develop a range of essential core counselling skills to help you work with emotional issues and support clients and carers. £53 City Lit London. Contact: carolyn.cheasman@citylit.ac.uk, tel: 020 7492 2578

18 October, Manchester; 13 November, London, 'Attention and listening in the early years'

A group for facilitating the attention skills of children in their early years through adapted songs and games. Visit: www.attentionandlisteningintheearlyyears.co.uk

26-27 October, LSVT LOUD training and certification workshop, Oslo, Norway

Evidenced-based voice treatment for Parkinson disease with application to adults and children with neurological conditions. To register, visit: www.lsvtglobal.com. For information, email: info@lsvtglobal.com. "The best conference I've participated in – ever."

1-2 November, LSVT LOUD training and certification workshop, Newcastle

Evidenced-based voice treatment for Parkinson disease with application to adults and children with neurological conditions. To register, visit: www.lsvtglobal.com. For information, email: info@lsvtglobal.com. "The best conference I've participated in – ever."

5 November Assertiveness for recently-qualified SLTs

Practical workshop to develop personal effectiveness through learning and practising key assertiveness skills highly relevant in a range of situations including meetings, MDT communication and working with clients/carers. £53. City Lit London. Contact: rachel.everard@citylit.ac.uk, tel: 020 7492 2579

5-6 November, TalkTools: Level One, Luton

A three-part treatment plan for oral-motor therapy. A general introduction to the TalkTools programme, looking at principles of motor development and using oral-placement techniques to improve feeding and speech. Visit: www.eg-training.co.uk, tel: 01530 274 747

6-7 November, Feeding disorders conference, London

A multidisciplinary conference on feeding and eating in childhood and related disturbances, with emphasis on research and clinical practice developments relating to developmental, systemic and bio-behavioural issues. Booking: www.ichevents.com, info@ichevents.com 020 7905 2675

7-8 November, TalkTools: Level Two, Luton

Oral-motor therapy: assessment and programme plan development. In-depth assessment and management. Designing step by step programme plans based on client's diagnoses. Visit: www.eg-training.co.uk, tel: 01530 274 747

8 November, Voice Clinics Forum 2012

Topics: Actively promoting and protecting multidisciplinary voice clinics; preparing a business case; update on the BLA; voice clinic training for ENT, SLT and singing teachers; voice clinics questionnaire - preliminary results. University Hospital of South Manchester, Wythenshawe. Further information: www.britishvoiceassociation.org.uk (Events Diary)

16 November, SPLD SIG (Dyslexia)

Study day: 'Understanding dyslexia as part of the bigger picture'. Speakers include: Victoria Joffe, 'Helping children in secondary school'; Valerie Muter – 'Co-morbidity'; Fin O'Regan; Behaviour and learning expert, 'No two children are the same'. Institute of Materials, Carlton Terrace, SW1 5AF. Members £80; non-members £95. Email: patriciafisher@dsl.pipex.com

21 November, Multidisciplinary management of Parkinson's, Derby

£120 (includes light lunch and refreshments). For further information please contact Ncore, tel: 01332 254 679 or visit: www.ncore.org.uk

26-29 November, Johansen IAS

Learn to use selected or customised music CDs with any age, at home or school. Organises and enhances. Listening and Auditory Processing supports spoken and written language. Edinburgh £475 (Early Bird £450). Email: camilla@johansenias.com, visit: www.johansenias.com

29 November, Introducing social use of language programme – preschool

One-day practical. The programme starts at the earliest stages of language development with activities for getting children's attention, developing communication and other social skills. To apply for more information, email: orders@wendyrinaldi.com

6-7 December, ABC and beyond (Hanen Course), Derby

£450 (includes light lunch and refreshments). For further information please contact Ncore, tel: 01332 254 679 or visit: www.ncore.org.uk

7-11 January 2013, Working with Deaf People: Part 2

Developing deaf people's speech intelligibility and learning to use the PETAL speech assessment. 'New Format. Five-day course made up of three separate mini courses to be taken separately or as a whole. Two days: phonetics refresher (£200); one day: using the PETAL speech assessment (£100); and two days: speech intelligibility therapy (£200). ICH, London. Full course cost: £500. PETAL Assessment-£35 + £10 p&p. Email: ruthmerritt@csdconsultants.com

9-11 January 2013, Understanding sensory processing disorders, Derby

£330 (includes light lunch and refreshments). For further information please contact Ncore, tel: 01332 254 679 or visit: www.ncore.org.uk

14-16 January; 25-26 March 2013, Facial Oral Tract Therapy, Derby

£600 (includes light lunch and refreshments). For further information please contact Ncore, tel: 01332 254 679 or visit: www.ncore.org.uk

17-18 January 2013, Solution Focused Therapy, Derby

£190. For further information please contact Ncore, tel: 01332 254 679 or visit: www.ncore.org.uk

24-25 January 2013, Dysphagia diagnosis and rehabilitation, Derby

Trainer: Dr Maggie-Lee Huckabee, PhD. £240 (includes light lunch and refreshments) For further information please contact Ncore, tel: 01332 254 679 or visit: www.ncore.org.uk

12 February 2013, Cervical auscultation, Derby

Learn the 'How, what and where' of cervical auscultation, participate in a practical session, identifying swallowing sounds. Review of current research, clinical evidence. £120 (includes light lunch and refreshments). For further information please contact Ncore, tel: 01332 254 679 or visit: www.ncore.org.uk

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Dysphagia affects the lives of more people than you might think. Fresenius Kabi's comprehensive and diverse range of dysphagia products meets the needs of patients and healthcare professionals, backed with tailored services and support.

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to book your
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THERAPISTS



11-12 SEPT 2012

driving transformation

using evidence-based practice

THE RCSLT CONFERENCE 2012

11-12 SEPTEMBER 2012

THE MIDLAND HOTEL, MANCHESTER

The RCSLT is aware that current drivers, including austerity measures, are impacting adversely on the quality of speech and language services across the UK, and that members are looking to the RCSLT to provide leadership to support them in response to this.

'Driving transformation' will provide an emerging picture of best practice across speech and language services. The conference will feature two days of oral and poster presentations with workshops, parallel and plenary sessions and keynote speakers. Topics will cover the whole range of adult and children specialisms, with a focus on innovation and development; service redesign; speech and language therapy research; and the impact of research on clinical practice.

LEARNING OBJECTIVES

Attending the conference will help delegates to:

- Apply understanding of the emerging commissioning environment to identify opportunities for service development.
- Develop a business case based on existing evidence-based practice and in the context of financial pressures.
- Develop a business case for innovative and emerging practice that informs service redesign.
- Discuss ways of developing the existing evidence base to support commissioning needs and as a tool to promote innovative practice.
- Understand how work around the development of outcome measures, the evidence base and new professional networks is essential to supporting the effective commissioning of services.
- Inspire others to engage proactively with the development of 'hubs' in their own regions.
- Apply current research to inform changes to clinical practice.

Fees from 1 July 2012	One day	Two days
RCSLT member	£123.33 + VAT £148	£246.67 + VAT £296
Non-member	£144.17 + VAT £173	£288.33 + VAT £346

Delegate fees include refreshments, lunch and conference materials.

GRANT ASSISTANCE

The RCSLT is pleased to announce that it is offering financial assistance to RCSLT student, newly-qualified and assistant members from the Penny Harrison Memorial Fund (please note terms and conditions apply and grants are available to a limited number of members).

Visit: www.rcslt.org to see the conference programmes.

Terms and conditions apply.



www.rcslt.org



Jenny Keir

OCCUPATION: SPECIALIST SLT AT DUNDEE'S ROYAL VICTORIA HOSPITAL AND ONE OF SCOTLAND'S FIRST DEMENTIA CHAMPIONS

“My personal goal targets education, modelling and showing staff what being person-centred really means”

Dementia is a national priority in Scotland with specific performance targets relating to early diagnosis and the management and care of those affected. Approximately 84,000 people are currently living in Scotland with a diagnosis of dementia. This number is expected to double by 2036. There is a recognition that support for people with dementia and their carers could be improved (Scottish Government, 2010).

A range of frameworks has been developed by the Scottish Government in collaboration with Alzheimer Scotland. These include the ‘National Dementia Strategy’ (2010), the ‘Charter of Rights for People with Dementia their Carers’, ‘Standards of Care for Dementia in Scotland’ (2011) and ‘Promoting Excellence: A framework for all health and social services staff’ (2011). These have put Scotland at the forefront of promoting good practice in dementia care.

As part of the Promoting Excellence Framework, the Scottish Government commissioned an educational programme targeting enhanced dementia care for health and social care workers in acute settings. The aim was to prepare dementia champions as ‘change agents’ for best practice. The University of the West of Scotland, in partnership with Alzheimer Scotland, developed and delivered a course on four sites across Scotland. The course comprised five taught sessions and a half-day community placement, and health boards nominated members of staff to attend the training.

Completion of the programme, enabling participants to become dementia champions, required submission of three written assignments. One hundred and thirteen health professionals, including 20 allied health professionals, from 14 NHS boards registered for the programme. There were two SLTs on the course, myself and Jean McIntyre, from Lothian.



Jenny completes the dementia champion course

I have worked in a medicine for the elderly site in Dundee for 11 years. The post covers frail elderly assessment wards, post-stroke rehabilitation for inpatients and a busy outpatient clinic for individual or group therapy. We have a community caseload seeing people at home or in care homes. Our small team has recently doubled in size thanks to a Change Fund project looking at community services as well as dementia care. My caseload is a mixture of stroke, progressive neurological disorders and dementia.

The dementia champion course was part of my personal development planning and had been highlighted earlier in my career as an area of special interest and development. The course was practical and allowed me to focus on my clinical area, and to look at ways to provide the best environment to help people with dementia cope while in hospital.

In the second assignment we used a quality

of life indicator to measure how our wards were performing. Our final assignment was all about implementing a plan to promote future change. The time scales between the two assignments were very short and the postgraduate work is only just beginning.

The dementia champion role is a new one in Scotland and there was some anxiety among the group around what is expected of us and what our specific roles are. I feel that the role will be different for every person and my goal is to develop my own personal strategy to promote best dementia care.

My personal goal targets education, modelling and showing staff what being person-centred really means. The dementia champion role is evolving in my daily practice and the network of formal and informal post-course support allows opportunities for personal and professional growth. The next cohort of dementia champions will begin training this year and this will be another step in promoting excellence and developing quality standards of hospital care for anyone with dementia and their families. ■

Email: jkeir@nhs.net



References & resources

Alzheimer Scotland. *Charter of rights for people with dementia and their carers*. Available online: www.dementiarights.org/charter-of-rights

Scottish Government. *Scotland's National Dementia Strategy*. Edinburgh: The Scottish Government, 2010. Available online: www.scotland.gov.uk/Resource/Doc/324377/0104420.pdf

Scottish Government. *Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers*. Edinburgh: The Scottish Government, 2011. Available online: www.scotland.gov.uk/Resource/Doc/350174/0117211.pdf

Scottish Government. *Standards of care for dementia in Scotland*. Edinburgh: The Scottish Government, 2011. Available online: www.scotland.gov.uk/Resource/Doc/350188/0117212.pdf

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Certificate In Resource Based Therapies

This course consisting of 4 modules brings together three separate psychotherapeutic modalities or approaches that all share an underlying assumption regarding the client's intrinsic pre-existing resources and psychological strengths.

These include **Solution Focused Therapy, Positive Psychology & Motivational Interviewing.**

Positive Psychology (Module 1)

- The history and evidence base of positive psychology and its practical application.
- The limitations of pathology-based therapies.
- Enhancing "client wellbeing" "Teaching happiness" and its use with a range of client groups from children to offenders. The relationship between well-being and the reduction in "problematic behaviour".
- Identifying and enhancing client strengths: "Signature Strengths" and how they might be identified and used in therapy. The relationship with strengths and problematic behaviour.
- Environmental interventions and their impact on pro-social behaviour and positive mood. Practical implications and uses.
- The development of resilience and perseverance.
- Developing gratitude and forgiveness : its impact on motivation and mood.
- And more...

Brief Solution Focused Therapy – BSFT (Module 3)

- Introduction to Brief Solution Focused Therapy (BSFT): Evidence base and applicability to different client and staff groups. Understanding the trap of the CLEPPER approach. Key underlying principles of BSFT and its implications for practice.
- Initial Engagement: Laying the groundwork for change. Changing your and your clients' attitudes to problems through language change. Creating "psychological distance" between the client and their problems whilst increasing a sense of "personal agency". Moving out of stuck behaviour and repetitive negative cycles.
- Techniques to help clients re-evaluate and change old negative patterns. Addressing negative cognitions.
- Focusing on solutions. Helping clients to discover their internal resources for problem resolution. Drawing on the client's external resources, using real and "distance" role models. Paradoxical interventions & their use with clients.
- And much more...

Motivational Interviewing & Beyond (Module 2)

- Common styles of motivating clients; strengths and limitations of such styles
- Arousal & Motivation: Yerkes-Dodson & the 21st century. Why are 'low energy' clients unmotivated and what can be done about it? Force-Field Analysis: Assessing & increasing motivation.
- Stages of change model & implications for motivational strategies. Pre-Contemplators: The forgotten client group.
- "Depressed", "Inactive" & "Low Energy" clients. "Rebellious", "Compulsory Attendance" clients or ones who simply hate you. Working with uncertain or ambivalent clients.
- Goal Setting & Feedback For Increasing Motivation: Powerful tools for good and bad. Making goal setting more effective. Increasing the effectiveness of feedback
- And much more...

BSFT with Difficult & Complex Clients (Module 4)

- The Miracle Question: its origins, use and effectiveness.
- Working with unhealthy or 'unrealistic client goals – an issue revisited. Strategies for enhancing and adapting the "Miracle Question".
- Techniques for working with a "preferred futures" with specialist client groups including those with ASD, cognitive impairment and those with serious mental health problems.
- A Solution Focused approach to "involuntary and unmotivated clients". Solution Focused techniques for motivating clients who are extremely negative and don't want to work with you.
- Turning poor motivation into client-led optimism and solutions. How to view resistance as co-operation.
- Circular questioning. Mutualising. The use of the prediction task.
- And more...

The Certificate in Resource Based Therapies (RBT) Course consists of 4 training days that can be booked together or separately. The order, in which delegates attend the courses, is flexible. The modules run in **London, Birmingham and Manchester.** Delegates who attend one or more days will be awarded at the end with a Certificate of Attendance. As an additional option delegates can take an assessment (comprising of additional reading and an online test) – successful completion of which will result in obtaining a **Certificate of Assessed Academic Competence with 40 CPD hours and BPS LC Logo.**

For further details on each individual module, course dates and venues visit:

www.skillsdevelopment.co.uk

Help with Speech and Language in the Classroom

Standardised Online Packages designed by SLTs, working successfully with local SLTs



Infant Language Link (4-8 years)

Excellent Outcomes: Local SLTs and Language Link working in partnership do make a significant difference to children's early language. To read the research review, go to www.speechlink.info or scan the QR code below:



Junior Language Link (7-11 years)

- Online assessments
 - receptive language
 - social understanding
- Therapy resources



Secondary Language Link (11-16 years)

- Online assessments
 - receptive language
 - understanding of social communication
- Therapy resources



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The Standardised Language Link Assessments: We are delighted to be collaborating with the University of Cambridge Psychometrics Centre on our assessments.

To arrange a FREE seminar to discuss Language Link and Speech Link, email Julia Ritchie MBE, Director, at newenquiries@speechlink.co.uk